

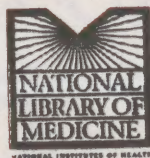
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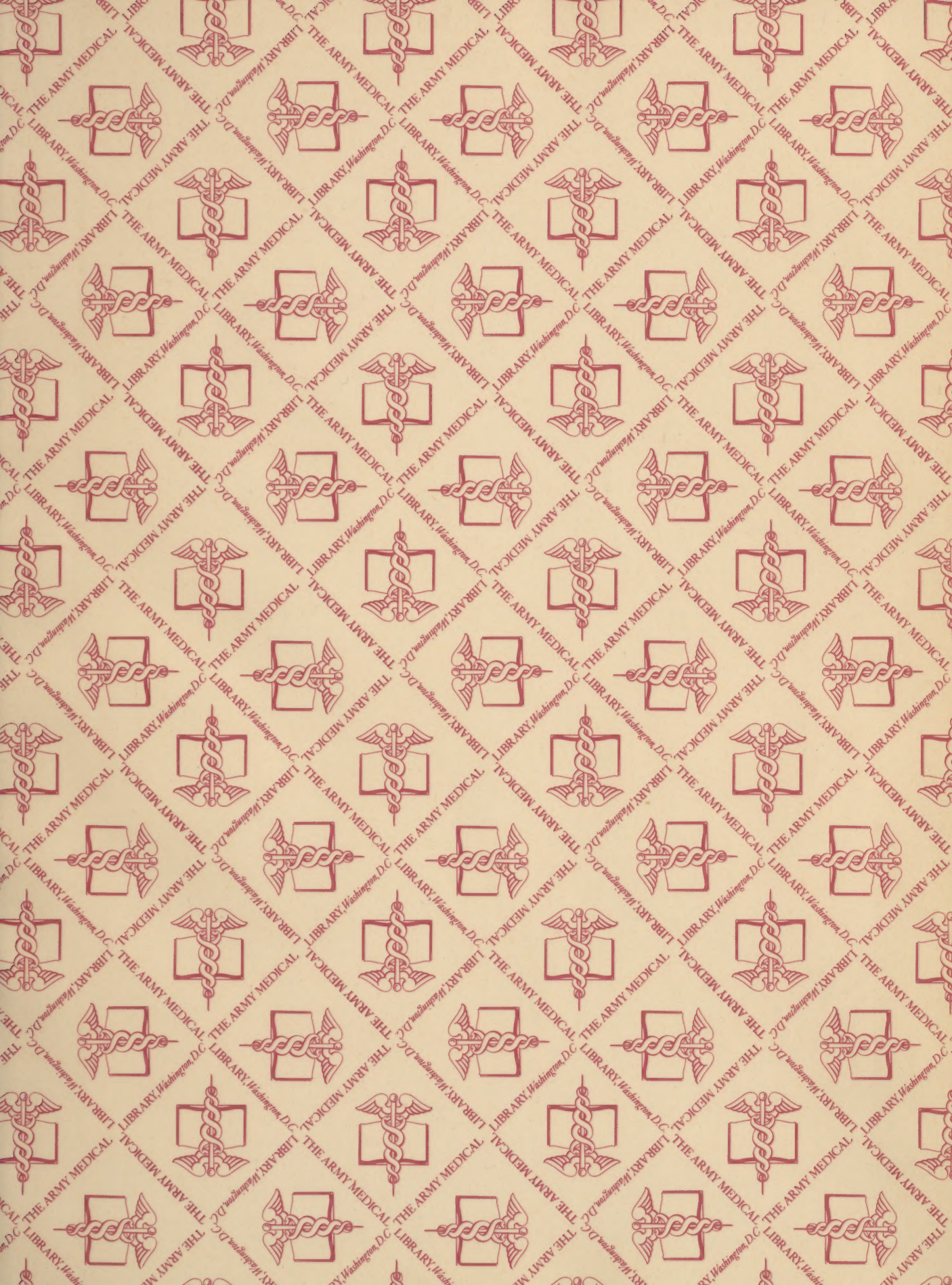


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AIR EVACUATION OF SICK AND WOUNDED
BY THE PACIFIC WING,
U.S. ARMY AIR FORCES, AIR TRANSPORT COMMAND

January 5, 1943 - June 30, 1944

Unclassified

9 Sept. 1953
Roland N. Hinds

Prepared by the Historical Officer,
Intelligence and Security Section, Headquarters,
Pacific Division, Air Transport Command,
August 1, 1944.

This document contains historical data
compiled and prepared in accordance
with ATC Regulation 20-20, AAF Regula-
tion 20-8, and AR 345-105 as amended.

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TABLE OF CONTENTS

Frontispiece Air Transport Command Routes

CHAPTER	Page
I. Transportation	1
II. Care of Patients	27
III. Illustrations	24

APPENDIX

Exhibits I - XIV

Exhibits I - XIV

ILLUSTRATIONS

Plates I - XIX

EXHIBIT

EXHIBIT

AIR EVACUATION ROUTES NOV 15, 1943 - JULY 1, 1944



LEGEND

BLACK LINES ARE EVACUATION ROUTES
 --- ATC C-54 ROUTES
 --- TROOP CARRIER ROUTES TO
 SUB-STATIONS OF 800TH AND
 812TH MED AIR EVACUATION SQDNS.
 AUSTRALIA-USA EVACUATION ROUTES.

[REDACTED]

Chapter I

[REDACTED]

er, because of its very nature, is accompanied by hardship, pain, suffering, and what often is even harder to bear, periods of seemingly endless waiting -- waiting for orders to move into battle, waiting for supplies and reinforcements, waiting for relief to sick and wounded. Untold thousands have died on the fields of battle, in emergency aid stations, and at field hospitals only because adequate medical attendance and facilities did not arrive in time, or were not made available at all.

The problem of bringing medical aid to the sick and wounded in battle areas is essentially a problem of supply and transportation. This problem has been made extremely difficult and complex during the present war because of the vast overwater distances involved and the rapidity with which it is possible for land armies to move. One of the means by which these highly mobile troops have been supplied is air transportation, which has been developed and utilized far beyond its former peacetime capacity.

Not only has air transportation played a vital part in the forward movement of critically needed materiel and key personnel, but

[REDACTED]

it has assisted troops in the forward areas by the return of personnel whose physical or mental condition renders them of no value to the combat operations at hand.

The evacuation by air of sick and wounded during the present war was accomplished first by the Germans during the invasion of Poland. Patients were delivered to the best equipped hospitals in Germany within a few hours after the casualties occurred. The task was accomplished with comparative ease because of the short distances involved. A comparatively few planes, making several round trips each day, were able to transport a sizeable number of casualties. The patients, being in the air for only a short period of time, required little attention en route.

The United States forces have likewise made the fullest possible use of air evacuation. The bulk of this activity has fallen upon the troop carrier units of the Army, Navy, and Marines, who operate two-engine aircraft within the combat zones. These troop carrier units began operations during the early days of the Allied offensive in the South and Southwest Pacific, evacuating patients from Guadalcanal and New Guinea to general hospitals in Australia, New Zealand, and New Caledonia. On the other side of the world, troop carrier units were used to transport sick and wounded from the battle areas in North Africa to general hospitals constructed in the vicinity of Dakar. Thus almost simultaneously with the opening of American offensive action, air evacuation was estab-

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[REDACTED]

lished as a normal function of troop carrier units. Medical air evacuation transport squadrons were organized and assigned to various air forces organizations to provide the necessary medical personnel to assist¹ in these operations.

The Air Transport Command, operating a vast network of military air transportation routes to all parts of the world, actively entered the air evacuation picture in January, 1943, when four litter patients were transported over Air Transport Command routes from Karachi, India, to Walter Reed General Hospital, Washington, D. C. The Air Transport Command had previously carried patients on its planes at various times but it was this trip half way around the world which foreshadowed the activity to come and emphasized the necessity for establishing facilities and procedures for handling patients being transported over long distances.

On February 26, 1943, the Commanding General, Air Transport Command, directed that routine patients (in this instance the meaning is ambulatory cases) designated for evacuation by air over Air Trans-

Medical personnel was trained at the Army Air Forces School of Air Evacuation, Bowman Field, Louisville, Kentucky.

Letter, unclassified, No. ATC 370.5, 3 March 1943, Subject, "Letter of Information on Air Evacuation by Air Transport Command", with inclosed copy of Memorandum for Colonel Walter C. Jensen, Subject, "2nd Lt. Isie S. Ott, A-722639, Army Nurse Corps, Report of Initial Air Evacuation from Karachi, India, to Bolling Field, Washington, D. C., January 17-23, 1943."

6

[REDACTED]

port Command routes, would be given a class "three" priority and that emergency cases would be given the highest class priority available. Air Transport Command flight surgeons were instructed to examine each patient at the point of air embarkation to determine the advisability of evacuation by air. All flight surgeons were directed to ensure that all station flight surgeons establish procedures and facilities which would provide for the proper care of patients being transported to, through, or from their stations.

Procedures and facilities for the transportation of patients were established and the Air Transport Command assumed, as a normal activity, the function of air evacuation of patients from overseas theaters of operations to the continental limits of the United States.

Air Department Circular 316, dated December 6, 1943, established the responsibility of the Air Transport Command as applied to air evacuation as follows:

Overseas commanders of theaters of operations, departments, base commands, or defense commands request the Commanding General, Air Transport Command King traversing their theater to provide air evacuation from their theater to continental United States. Except in extreme emergencies, the Air Transport Command airplanes will not be diverted from regularly scheduled routes.

1

Letter, unclassified, Hq, ATC 580.1, 20 February 1943, Air Priorities Instruction #4, Subject, "Priorities for Air Evacuation of Sick and Wounded."

Letter, unclassified, Hq, ATC 370.5, 3 March 1943, Subject, "Letter of Information on Air Evacuation by Air Transport Command."

7

Medical Department personnel for air evacuation service is provided by the air evacuation transport squadrons assigned to the air force of overseas theaters of operations, departments, base commands, or defense commands, or the Air Transport Command Wing. When medical air evacuation transport squadrons are not available, medical personnel of the Army Air Forces, supervised by flight surgeons, will be used. The care of patients in transit from an overseas theater, department, base command, or defense command to the continental United States is the responsibility of the Air Transport Command as far as the medical installations, facilities, and personnel of the Air Transport Command are available.

The circular further stated that: "Troop carrier units assigned to the air force of the theater will be utilized to accomplish air evacuation."

The first patients to be evacuated by the Pacific Wing were transported in March, 1943, and on November 15, 1943, the Wing was assigned a part in the large scale Central Pacific Area evacuation operations. From March to November the Wing transported an average of twenty-two patients per month, the majority of these being transferred from hospitals in Australia to the continental United States. ¹ During this early period necessary procedures were established and the experience gained was of value in connection with the larger operations which followed.

During the first half of 1943 facilities and a standard order of procedure were established at all stations for the care of patients

1

Records of Wing Surgeon, Pacific Wing, Air Transport Command; and see Patients Evacuated By Air 1943, Exhibit I.

8

[REDACTED]

in transit on wing controlled aircraft. At the direction of the Wing Surgeon each station surgeon made arrangements: (1) for the establishment of a procedure whereby the station operations officer would notify him when patients were expected to arrive, and notify the next station of their departure; (2) for transportation to be available to meet planes carrying patients; (3) for feeding of patients; (4) for facilities for bathing patients, change of soiled linen and blankets and the serving of liquids and lunch on the plane; (5) for the formation of a team of four enlisted medical personnel to handle and care for patients; (6) for beds to be reserved in the hospital or dispensary to be used by transient patients; and (7) for the assembly of a surgical kit which could be taken to the hanger line upon the arrival of a plane carrying patients.

These above enumerated arrangements, which were completed in May, 1943, were simple in nature and operation, yet vital to the conduct of the activity. Experience in the Pacific and other wings plainly demonstrated that delay and neglect of patients resulted where there was a lack of understanding of the necessity of advance notification of patients, and of what facilities and care were required for the patients.

1
Unclassified Letters describing arrangements made by Pacific Wing Ferrying Groups and Squadrons, Office of the Wing Surgeon, Pacific Wing, ATC, File 370.5.

2
Personal Interview, Major Stephen S. Foote Jr., MC, Wing Medical Inspector, Pacific Wing, ATC, 9 July 1944.

[REDACTED]

Experiences of another type demonstrated the necessity of establishing a definite policy concerning the care of patients. In the beginning theater medical officers who accompanied the patients, for the most part, were not flight surgeons, had had little if any flying experience, and lacked the necessary knowledge concerning the effect of flying upon the patients. One case was reported in which the patient made the trip without incident, but the medical officer was air sick during the entire flight.¹ Instances were reported in which medical attendants had taken either an insufficient or an excessive amount of equipment. Other cases were reported in which the medical officer had held up the departure of the plane for considerable length of time, because, at the last minute, he had decided that additional medical equipment and supplies were necessary for the flight.

As a result of these experiences, it was recommended that, in so far as possible, flight surgeons or flight nurses be designated as attendants. Air Transport Command flight surgeons were directed to

¹
Unclassified Letter to the Commanding General, Pacific Wing, ATC, from the Wing Surgeon, Subject, "Air Evacuation of Patients", 31 May 1944.

Unclassified Letter, HQ, 18th Ferrying Group, Pacific Wing, ATC, 270.5, 26 May 1944, Subject, "Evacuation of Litter Patients by Air", and Personal Interview, Lt. Col. Kermit H. Anderson, MC, Wing Surgeon, Pacific Wing, ATC, 6 July 1944.

²
Ibid., 1st Ind.

10

[REDACTED]

examine all patients prior to their departure by air to determine if the patients were capable of making the trip, and what medications, equipment, and supplies would be necessary to accompany them. Pacific Wing station flight surgeons were directed to meet all Air Transport Command aircraft carrying patients, regardless of the patients' classifications and were made responsible for the proper handling and care¹ of patients while at their stations.

Theater medical authorities selected the patients who were to be evacuated by air. The air evacuation policy varied somewhat among the different theaters, but, in general, the following types of cases were designated for air evacuation to the continental United States: (1) patients whose return to the United States would advance the war effort; (2) patients requiring immediate treatment of a type which could not be given in the theater; (3) ambulatory patients who would undergo an extended convalescence period; and (4) patients who were expected to die but whose condition was such that they could be sent to their homes. The return of the latter two types of cases to their homes not only constituted a humane act but the knowledge that these cases were returned had a favorable effect upon the morale of other patients who remained behind.²

¹Unclassified Memorandum, HQ, Pacific Wing, ATC, 370.5, 18 June '43.

²Personal Interviews, Major Stephen S. Foote Jr., MC, Wing Medical Inspector, PW, ATC, and Major Andrew D. Henderson, MC, Commanding Officer, 809th Medical Air Evacuation Transport Squadron, 9 July 1944.

11

[REDACTED]

Normally the Air Transport Command conducted inter-theater evacuation only but the military and naval operations in the Central Pacific Theater presented a unique situation which required a deviation from the normal procedure and intra-theater evacuation was¹ assumed.

American naval units and land armies conducted major military operations in the conquest of the Japanese-held island fortresses which were a thousand to three thousand miles from any major land bases occupied by the Allied Powers. In order to provide medical care, which would meet the high standards established by the Army and Navy for World War II it was necessary to have: (1) adequate medical personnel and a place to work near the front; (2) adequate sources of supply; (3) rapid means of transportation for medical equipment and supplies; and (4) rapid evacuation of certain types of patients to well equipped general hospitals.

The conquest of the Gilbert, Marshall, and Marianas Islands, which are approximately equidistant from Australia and Hawaii, the two major Allied bases, presented obstacles which made the maintenance of these standards difficult. Surface vessels required many days or weeks to transport personnel and supplies to and from the battle areas and the aircraft were handicapped by the distances involved as well as by

¹ See Pacific Wing Regulations 25-3, 1 June 1944, Exhibit II.

[REDACTED]

[REDACTED]

the lack of landing strips on the invaded islands, particularly during the early stages of the combat operations when their services were most needed.

To overcome these obstacles to evacuation, casualties were collected in the forward areas by surface vessels and whenever possible by troop carrier planes of the Army, Navy, and Marines and carried to nearby island evacuation centers which were established within convenient range. Patients designated for evacuation by air to general hospitals were transported in the C-54 airplanes, operated by the Pacific Wing, Air Transport Command, to the island of Oahu, Territory of Hawaii, where hospitalization facilities were available.

This procedure accomplished the objectives of evacuation and solved a truly unique situation. The procedure worked so well that it was directed that all patients, who could not be returned to duty within thirty days, would be evacuated by air. Thus air evacuation of sick and wounded, which had originally been an emergency operation, became a routine procedure and the necessity of building up large medical installations on remote islands behind the ever advancing battle front was obviated.

1
SECRET Letter, Central Pacific Force, United States Pacific Fleet Aircraft, Serial 0011, Subject, "Air Evacuation of Sick and Wounded", 10 January 1943.

2
Personal Interview, Major Andrew D. Henderson, MC, 308th Medical Air Evacuation Transport Squadron, 12 July 1944.

[REDACTED]

Early in November, 1943, plans were made to evacuate casualties from the forthcoming battle for Tarawa which began on November 20. Five C-54A aircraft, equipped to carry twenty-four litter patients, were assigned to the Pacific Wing, Air Transport Command. ¹ At the same time the 809th and 615th Medical Air Evacuation Transport Squadrons, in training at Bowman Field, Kentucky, were designated for duty in connection with the operation of these planes.

Personnel and equipment of the 809th Medical Air Evacuation Transport Squadron were transported from Bowman Field to Pittsburg, California, by commercial aircraft and from Hamilton Field to Hickam Field, Hawaii, in the five C-54A airplanes. The first three flights arrived at Hickam Field on November 11 and the last plane arrived on November 13. The 615th Medical Air Evacuation Transport Squadron followed by train to Pittsburg, California, and from there by water to Hickam Field, arriving December 22.

On November 15, 1943, two C-54A airplanes flew from Hickam Field to Canton Island with personnel of the 809th Medical Air Evacuation Squadron and on November 18, sixteen survivors of the B-24 air-

Project 36355, (CONFIDENTIAL).

Squadron History, Month of November 1943, 809th Medical Air Evacuation Transport Squadron, and Squadron History, Month of November 1943, 615th Medical Air Evacuation Transport Squadron. (CONFIDENTIAL).

Ibid., Months of November and December, 1943.

[REDACTED]

planes which had crashed near Funafuti, were evacuated by the 409th to Hickam Field in Air Transport Command planes. Thus all arrangements had been completed to evacuate casualties from the forthcoming battle for Tarawa.

The five C-54A airplanes assigned to the Pacific Wing were operated on evacuation missions under the control and direction of the Commanding General, Seventh Air Force, until May 17, 1944, when the Commanding General of the Pacific Wing assumed full operational control of all evacuation activities conducted by these planes. The Seventh Air Force notified the Pacific Wing as to what flights would be made, the number of patients which could be evacuated, and designated the passengers and cargo that would be carried on both the forward and return trips.

1

Personal Interview, Captain James I. Lett, MC, 308th Medical Air Evacuation Transport Squadron, July 12, 1944.

Project 96355. (CONFIDENTIAL).

SECRET Letter to Colonel M. S. Lawton, Chief Executive, Pacific Wing, ATC, from Brigadier General W. Ord Ryan, Commanding General, Pacific Wing, ATC, 11 November 1943.

4

SECRET Radiogram to Ryan (Commanding General, Pacific Wing, ATC) from Marshall (Chief of Staff), 17 May 1944.

9

The planes were also made available on request of the Commanding General, United States Army Forces Central Pacific Area. See SECRET Letter, AG 373/670 CPA, 21 January 1944, Subject, "Air Evacuation", Exhibit III; CONFIDENTIAL Letter, Subject, "Pacific Wing Plan of Operation", Project 96355, 15 November 1943, Exhibit IV; and SECRET Letter, Station #7 Detachment APO #240, 16 February 1944, Subject, "Responsibility for Loading Air Evacuation C-54 Aircraft", Exhibit V.

1
SECRET Letter to Colonel L. S. Lawton, Chief Executive, Pacific Wing, ATC, from Brigadier General Wm Ord Ryan, Commanding General, Pacific Wing, ATC, 11 November 1948.

6 June 1944, Exhibit VI.

16
1
pilot.

The planes were placed at the full disposal of the Commanding General, Central Pacific Area, and the Commanding General, Seventh Air Force, in so far as he required them for evacuation purposes. He was desirous that they be used primarily for this purpose since their diversion might impair their readiness and efficiency. Diversion also presented the possibility² that all or a part of the airplanes would be withdrawn from evacuation activities entirely. On the other hand, the airplanes were assigned to the Air Transport Command and the Commanding General, Pacific Wing, was desirous that all aircraft assigned to his organization, including the five C-54A airplanes, be operated in such a manner as to obtain their fullest productive use in the transportation of cargo and personnel. On January 27 the Air Transport Command was given authority to use these planes for other purposes but so long as a definite number of specifically

1
Personal Interviews, officers of Pacific Wing and Seventh Air Force concerned with the operation. Also correspondence on record with Adjutant General, Pacific Wing.

2
Personal Interviews, officers concerned with the operation, and Unclassified Letter, E-3/RMP/ras to Major General H. L. George, Commanding General, Air Transport Command, from Brigadier General William Ord Ryan, Commanding General, Pacific Wing, ATC, 4 January 1944, Subject, "Assignment of Five C-54 Airplanes", Exhibit VIII.

3
Para phrase of SECRET message, AAF, Hq, ATC, 27 January 1944, "Assignment of Five C-54 Airplanes", Exhibit VIII.

designated airplanes remained subject to the call of the Seventh Air Force, the Pacific Wing was unable to include with certainty these airplanes in any overall plans for the movement of normal Air Transport Command cargo.

From time to time the question was raised, either by the Seventh Air Force or by the Pacific Wing, as to whether the planes were actually assigned to the one or the other but in the end the Pacific Wing retained ownership. On March 6 the planes were loaned to the Seventh Air Force and were no longer reported by the Air Transport Command.

On May 17, 1944, the airplanes were returned to the Air Transport Command and the entire responsibility for evacuation was placed with the Commanding General, Pacific Wing. This reduced the amount of coordination necessary and eliminated the necessity for constant revision of plans which had existed while the responsibility was divided. The Theater Commander and Commanding General, Seventh Air Force, had only to request the Air Transport Command to move cargo and evacuate patients. The Commanding General, Pacific Wing, having been

1

1. CWT Radiogram to Ryan (Commanding General, Pacific Wing, ATC) from George (Commanding General ATC) ATC 0008, 4 March 1944, and CONFIDENTIAL Letter, Hq, Pacific Wing, ATC, 6 March 1944, Subject, Hospital Evacuation (Hq, ATC), Exhibit 13.

2

2. CWT Radiogram to Ryan (Commanding General, Pacific Wing, ATC) from Marshall (Chief of Staff), War 37481, 17 May 1944.

18

[REDACTED]

given sole and complete control over the aircraft, was free to commit the [REDACTED] to the [REDACTED] that he was required to accomplish, with the C-54A airplane, the evacuation requested by the Theater and Seventh Air Force. The number of evacuations increased to such an extent, however, that an appreciable diversion remained impossible.

Between November 15, 1943, and January 5, 1944, evacuation from the Gilbert Islands was conducted from Pacific Wing Air Transport Command Station #7, Canton Island, and Pacific Wing Air Transport Command Station #17, Funafuti. [REDACTED] Evacuation Transport Squadron were stationed. A C-54A airplane was held in readiness at Canton Island and upon call departed for Funafuti with a medical flight crew, usually consisting of two nurses and one surgical technician. The patients, who had been assembled at Funafuti by Naval surface vessels and troop carrier lanes, were placed aboard the plane and flown to Hickam Field. The plane made a stop at Canton Island where both the operational and medical crews were relieved by

2nd Indorsement, SFC T Letter, HQ, Pacific Wing, ATC, Subject, "Air Evacuation Plan, Central Pacific Area", 1 June 1944, Exhibit X.

See Exhibit IV.

Evacuation History, from 11 Nov 1943, to 10 Jan 1944, 809th Medical Air Evacuation Transport Squadron.
(COPIED, 1943).

17

[REDACTED]

new crews who completed the trip to Hickam Field. This evacuation flight of approximately 2085 nautical miles was normally accomplished in eighteen hours total elapsed time. Seventy-two patients were evacuated in November and one hundred and seventy-five patients were¹ evacuated from this area in December.

On January 5, 1944, the forward evacuation center was moved from Funafuti to Tarawa to accommodate the evacuation of casualties from the Marshall Islands. No specific route or procedure was followed until the twenty-first of January when a definite schedule was established.

The schedule established provided for the departure of one plane each day from both Hickam Field and Tarawa. The plane departing from Hickam Field was scheduled to leave at 1700 (5:00 P.M.) arrive at Canton Island at 0900 (9:00 A.M.) and arrive at Tarawa at 0950 (9:50 A.M.). The plane was "turned around" and scheduled to depart from Tarawa at 1200 (12:00 M.), arrive at Canton Island, by-passing Apamama, at 1845 (6:45 P.M.), depart from Canton Island at 2245 (10:45 P.M.) and arrive at Hickam Field at 1015 (10:15 A.M.). Ten crews were

¹ Records of the 300th Medical Air Evacuation Transport Squadron.

Prior to January 21, flights had been made to, through, or from Canton, Funafuti, Tarawa, Apamama, and Baker Islands. Two non-stop flights had been made from Tarawa to Hickam Field, a distance of 2085 nautical miles. See Hospital Plane Activities, Month of January 1944, Exhibit XI.

[REDACTED]

assigned to the five C-54A airplanes and the plan of operation provided for each crew to operate one round trip, Canton Island to Apamama to Tarawa to Canton Island, rest twenty-four hours, and operate the next schedule, Canton Island to Hickam Field. In this manner all crews rotated with layover stops, both directions, at Canton Island.¹

The ten Air Transport Command flight crews, required to operate the C-54A airplanes, were assigned to Air Transport Command Station #12, Hickam Field. Station #12 was responsible for:

- (1) Writing operation orders for the flight from Hickam to Canton Island.
- (2) Preparing of operations authorization orders for the round trip.
- (3) Dispatching of planes in accordance with the established schedule.
- (4) Loading southbound aircraft with priority cargo for Apamama or as directed by Wing Priorities and Traffic Division.
- (5) Briefing of flight crews and preparing weight and balance data.
- (6) Preparing of manifest of cargo and passengers.
- (7) Scheduling of flight crews.
- (8) Maintaining necessary liaison with the 800th Medical Air Evacuation Transport Squadron of the Seventh Air Force.

1

CONFIDENTIAL Letter, Pacific Wing, ATC, 21 January 1944, Subject, "Plan of Operations - Evacuation Service", Exhibit XII.

Ibid.; these arrangements presented in detail because they are typical of arrangements which had to be made from time to time.

21

[REDACTED]

Station #7, at Canton Island, was responsible for:

- (1) Maintaining housing and messing facilities for two layover crews.
- (2) Preparing operations orders for the flight Canton Island to Apamama to Tarawa to Canton Island; also, operations orders Canton Island to Hickam.
- (3) Maintaining position plot of aircraft operated over the route as scheduled.
- (4) Briefing and weight and balance data as necessary.
- (5) Coordinating of departure and arrival messages from stations involved.
- (6) Providing through maintenance of the southbound flights and 25 hour check on northbound flights.
- (7) Providing manifest of cargo and passengers as necessary.

A detachment of Station #7, Canton Island, was established at Tarawa consisting of: one Priorities and Traffic officer, experienced in weight and balance problems; one enlisted man, mechanic; and one enlisted man, clerk. The Tarawa detachment was responsible for:

- (1) Maintaining liaison with Seventh Air Force for coordination of evacuee movements.
- (2) Preparing departure messages and notifying interested agencies of aircraft arrivals.
- (3) Expediting loading of evacuees.
- (4) Providing weight and balance data.
- (5) Preparing manifest of cargo and passengers.

22

[REDACTED]

The daily schedule was not faithfully adhered to, however, because of the uncertainty which existed concerning the amount of passengers, cargo, and patients to be transported and because of the delay in securing parts for the C-54A airplanes. On February 17, all efforts to maintain a set schedule were discontinued and trips were made only upon the request of the Seventh Air Force.¹

On February 28 the route was straightened out by shifting the stop-over point from Canton Island to Johnston Island. The route by Canton Island was 3750 nautical miles while the new Johnston route was only 2108 nautical miles, a saving of 1642 nautical miles and eight to nine actual flying hours.

The following daily schedule was established between Hickam Field and Tarawa on March 1, 1944:

[REDACTED]	Northeast Sound
(Local time)	(Local time)
0815 (5:15 A.M.) Leave Hickam Field	Arrive 1815 (1:15 P.M.)
0730 (7:30 A.M.) Arrive *Johnston Island	Leave 0800 (8:00 A.M.)
0930 (9:30 A.M.) Leave Johnston Island*	Arrive 0700 (7:00 A.M.)
1615 (4:15 P.M.) Arrive Tarawa	Leave 2115 (9:15 P.M.)

*Points where the aircraft operating crew changed.

Personal Interview, Captain Orville J. Olson, Priorities and Traffic Officer, Station #12, Pacific Wing, ATC, Hickam Field, T. H.

Permanent Operations Records, Station #12, Pacific Wing, ATC, Hickam Field, T. H.

Ibid.

22

[REDACTED]

The operating procedure for this new route was similar to that established for the trip by the way of Canton Island except that the flight medical crews made the run all the way through from Tarawa to Hickam Field. This daily schedule was maintained with a high degree of success.

By April the majority of patients being evacuated by air from the evacuation center at Tarawa was originating at points much closer to Kwajalein than to Tarawa. Since Kwajalein is approximately 536 nautical miles north of Tarawa and approximately the same distance from Hickam Field as Tarawa, it was decided to move the central air evacuation station from Tarawa to Kwajalein, and thus save as much as one ¹ day's travel time for the patients.

One Air Transport Command officer and nine enlisted men were transferred from Tarawa to Kwajalein on the seventeenth of April to make arrangements for operations from this point. Medical personnel were transferred to Kwajalein on May 5, and a daily scheduled flight to Kwajalein was established. The scheduled flights to Tarawa were discontinued.

On June 18 the first of five additional squadrons, C-54s

¹

Squadron History, Month of May 1944, 809th Medical Air Evacuation Transport Squadron and Squadron History, Month of May 1944, 809th Medical Air Evacuation Transport Squadron.

²
Ibid. and Operations Records, Station #12, Pacific Wing, ATC, Hickam Field, T. H.

24

[REDACTED]

aircraft, equipped to carry twenty-eight litter patients, arrived at Hickam Field. In July the five original C-54A aircraft were exchanged for C-54B airplanes. With this fleet of ten C-54B airplanes it was possible for the Pacific Wing to meet normal demands for evacuation of patients from Australia and the Central Pacific Area to Hickam Field and from Hickam Field to the continental limits of the United States. At the same time the Commanding General, with complete control over the planes, was free to divert them to other uses when they were not required for evacuation operations.

The evacuation activities of the Pacific Wing progressively increased in volume of patients transported, and in scope of operation, during this entire period. During the month of December one hundred and seventy-two patients were evacuated from the evacuation centers at Eniwetok and Canton Island. Eight hundred and twelve patients, the majority of them battle casualties from Saipan, were evacuated from Kwajalein during the month of June. An average of one hundred and forty-six patients per month was evacuated from Australia and the islands of the Pacific exclusive of the C-54 operations as a part of the normal transport functions of the Wing. During this period the

1

SECRET Assigned Aircraft Data, Form AF, ATC-8C-3A, June, 1944.

2

CONFIDENTIAL Daily Activity Report, Pacific Wing, ATC, 10 July 1944.

facilities for treating patients both while in flight and while on the ground were constantly improved. Experience of a permanent value was gained in the operation of the aircraft, and in the care and handling of patients. The groundwork was laid for the further expansion of evacuation activities which took place in July.

The following table indicates the number of patients evacuated by the Pacific Wing over the routes described:

Month	Number of patients evacuated exclusive of C-54 project	Number of patients evacuated by C-54 project
March '43	2	
April '43	12	
May '43	23	
June '43	26	
July '43	14	
August '43	16	
September '43	11	
October '43	12	
November '43	37	72
December '43	178	175
January '44	4	367
February '44	114	286
March '44	149	408
April '44	87	436
May '44	177	512
June '44	224	512
TOTAL: 1181		3068

GRAND TOTAL: 4249

1

Figures for patients evacuated exclusive of C-54 project furnished by Wing Surgeon, Pacific Wing, ATC; figures for C-54 project evacuation furnished by the 809th and 812th Medical Air Evacuation Transport Squadrons; see also Exhibit I.

[REDACTED]

The following table indicates the increase in aircraft operation in evacuation activities from December, 1943, to July, 1944:

Operating Data on C-54 Aircraft in Evacuation Service

Month	Ton Miles Flown	Flying Time
December '43	240,939	424:16
January '44	304,100	470:51 ^a
February '44	362,774	627:29
March '44	577,034	715:33 ^b
April '44	377,322	590:42
May '44	607,612	681:00
June '44	710,100	856:43

^a Operated on orders 7th Air Force from 1st to 14th January 1944

^b Operated by 7th Air Force from 6 March to 17 May 1944.

A greater utilization of the C-54 aircraft could have been obtained during much of this period had the Theater and Seventh Air Force requested the transportation of a larger number of patients, cargo, and able bodied personnel and had better maintenance been provided which would have reduced the time the planes were out of service for repairs. The following charts show graphically the increase in utilization of the aircraft assigned to the evacuation project:

1

Table prepared by the Statistical Control Officer, Pacific Wing, ATC.

2

Personal Interview, Captain Lindsey W. Morris, AC, Assistant Flight Operations Officer, Pacific Wing, ATC, July, 1944.

27

HQ PACIFIC DIVISION
AIR TRANSPORT COMMAND, AAF

TON MILES FLOWN BY C-54 AIRCRAFT IN EVACUATION SERVICE

LEGEND

Ton Miles

TON MILES FLOWN BY C-54 AIRCRAFT IN EVACUATION SERVICE



SOURCE: Report of Aircraft Utilization and Traffic Data (Form ATC-SC-8)
Plane Load Computation Records (Form OP-9)

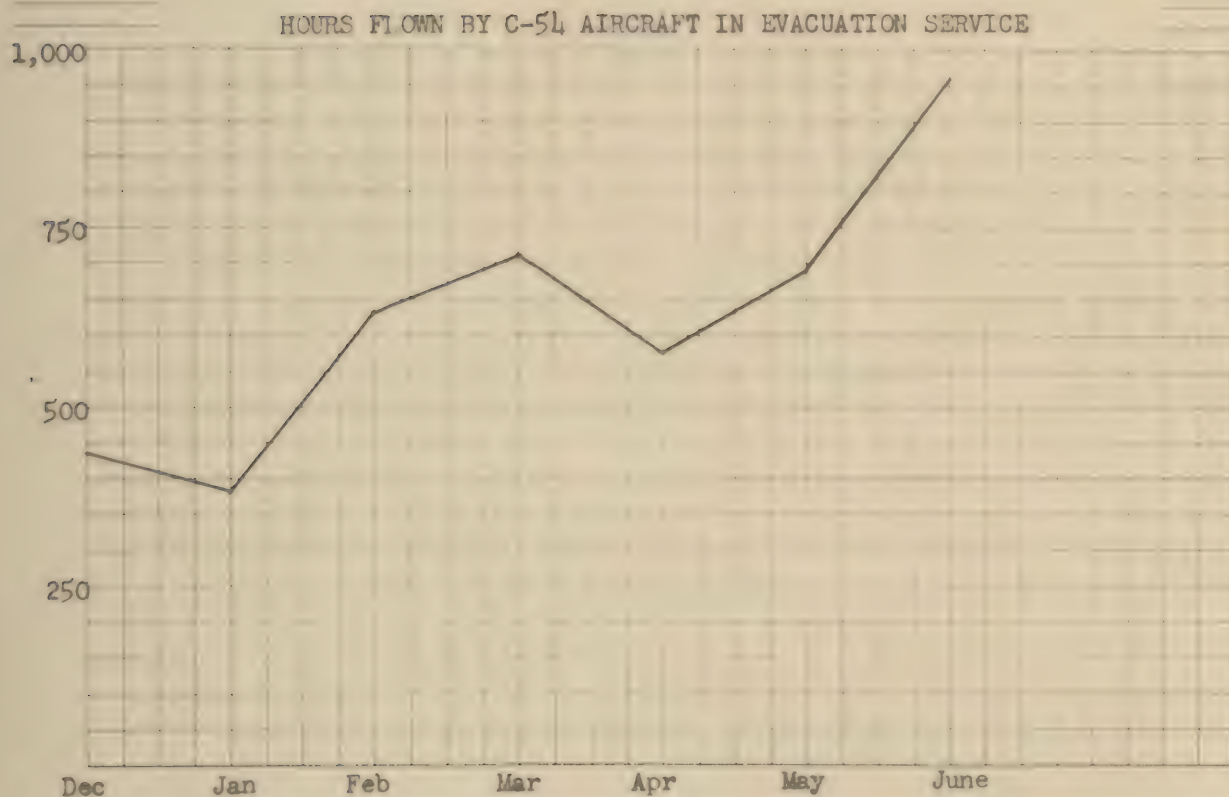
28

HQ PACIFIC DIVISION
AIR TRANSPORT COMMAND, AAF

HOURS FLOWN BY C-54 AIRCRAFT IN EVACUATION SERVICE

LEGEND

HOURS



SOURCE: Report of Aircraft Utilization and Traffic Statistics
(From ATC-SC-8)

Plane Movement Records, based on Flight Messages

CHAPTER II

AIR EVACUATION

Within seven and one-half months, 3068 sick and wounded troops were transferred in Air Transport Command C-54 airplanes from remote islands in the Pacific Ocean to general hospitals thousands of miles from the battle zones. ¹ (See Plate I and Plate II) This was accomplished because those engaged in wartime air transportation and those engaged in wartime medicine worked together to pioneer a transportation service for sick and wounded men over the longest air routes in the world. The aircraft were operated by the Pacific Wing, Air Transport Command, and the patients were cared for by the 809th and 812th Medical Air Evacuation Transport Squadrons.

The 809th Medical Air Evacuation Transport Squadron was activated July 5, 1943, and the 812th Medical Air Evacuation Transport Squadron was activated September 1, 1943, at Bowman Field, Louisville,

¹
This figure is for C-54 airplane evacuation only. A total of 4230 patients were evacuated by the Pacific Wing from March 1943 to July 1, 1944.

General Orders No. 14, Paragraph 1, Hq, AAB, Bowman Field, Louisville, Ky., 5 July 1943.

General Orders No. 19, Paragraph 1, Hq, AAB, Bowman Field, Louisville, Ky., 1 September 1943.

20

[REDACTED]

Kentucky. Immediately following activation, the two organizations were brought to full strength in accordance with Table of Organization Number 8-477, November 30, 1942.¹ Their personnel were drawn from graduates of the Army Air Forces School of Air Evacuation located at Bowman Field. Each organization was allotted one major, flight surgeon; four captains, flight surgeons; one first lieutenant, adjutant, MAC; one first lieutenant, chief flight nurse; twenty-four second lieutenants, flight nurses; and sixty-one enlisted men who performed administrative, supply, and medical functions.

While at Bowman Field the two organizations engaged in an extensive training program, working and training as independent units. The training program consisted of: (1) class room instruction in the medical, administrative, and supply problems connected with air evacuation; (2) practice in loading and unloading litter patients on and off aircraft; (3) practice flights; (4) use of medical facilities and equipment aboard aircraft; and (5) conditioning for field duty which included [REDACTED] [REDACTED] [REDACTED].

Early in November, 1944, the organizations were transferred to the Central Pacific Area to assist in the evacuation to be conducted by

¹ Personal Interview, Major Andrew L. Henderson, Commanding Officer, 809th Medical Air Evacuation Transport Squadron, July 1944.

Ibid.

[REDACTED]

the Seventh Air Force and the Air Transport Command. The 809th Medical Air Evacuation Transport Squadron arrived November 11 and the 812th Medical Air Evacuation Transport Squadron arrived December 23, 1943. Both organizations were assigned to the Seventh Air Force and the two operated jointly rather than as separate organizations in the evacuation of sick and wounded.

On November 15 the first contingent of the 809th Medical Air Evacuation Transport Squadron, consisting of one flight surgeon, six nurses, six surgical technicians, and two administrative clerks, was flown to Air Transport Command Station 47 at Canton Island to establish an evacuation center to be used in the handling of casualties from the impending battle for Tarawa. At the same time, a second contingent, consisting of one flight surgeon, six surgical technicians, and two administrative clerks, was sent on beyond Canton Island to Funafuti. The Commanding Officer of the 809th Medical Air Evacuation Transport Squadron accompanied his personnel to Canton Island and on to Funafuti for the purpose of supervising the establishment of evacuation service and conferring with island officers of the Army and Navy regarding arrangements for evacuation.

The flight nurses were the first women to be stationed at Canton

Squadron History, Month of November 1943, 809th Medical Air Evacuation Transport Squadron and Squadron History, Month of November 1943, 812th Medical Air Evacuation Transport Squadron.

[REDACTED]

Island, and special quarters were constructed to accommodate them. The male evacuation personnel were quartered with the medical personnel at the army station hospital. Nurses were not included in the second flight because of the lack of facilities at Fanaofuti.¹ A dispensary was the only medical installation located there and the means for providing suitable quarters for nurses were unavailable.

Patients were collected by naval surface vessels and by airplanes of the Central Combat Air Transport Service (combined army, navy, and marine, troop carrier squadrons) and were brought to the Fanaofuti evacuation center by the troop carrier airplanes. A surgical technician of the 809th Medical Air Evacuation Transport Squadron was assigned to each troop carrier airplane of the Central Combat Air Transport Service engaged in evacuation duty to act as medical attendant. The flight surgeon of the 809th Medical Air Evacuation Transport Squadron coordinated the activities of the troop carrier squadrons with the air evacuation service to Hickam Field. When a sufficient number of patients had been collected and designated for air evacuation to Hickam Field, a C-54A airplane was dispatched from Canton Island with two flight nurses and

¹ Squadron History, Month of November 1943, 809th Medical Air Evacuation Transport Squadron; and Squadron History, Month of November 1943, 812th Medical Air Evacuation Transport Squadron; and Personal Interview, Captain James E. Lett, Flight Surgeon, 809th Medical Air Evacuation Transport Squadron.

[REDACTED]

[REDACTED]

one surgical technician to pick up the patients. The medical crew accompanied the patients to Canton Island where they were relieved and a new medical flight crew took over and attended the evacuees on the remainder of their trip.

By the end of December Tarawa was occupied and the combat activities were shifted to the Marshall Islands. Of necessity the evacuation activities moved forward with the task forces and on January 5, 1944, the evacuation center was transferred from Funafuti to Tarawa. The 812th Medical Air Evacuation Transport Squadron joined the 809th Medical Air Evacuation Transport Squadron at the beginning of the Tarawa operations and the two organizations worked jointly thereafter.

Four flight surgeons and twelve surgical technicians were stationed at Tarawa to coordinate evacuation activities and to act as medical attendants on the troop carrier aircraft used in the collection

1
Squadron History, Month of November 1943, 809th Medical Air Evacuation Transport Squadron and Squadron History, Month of November 1943, 812th Medical Air Evacuation Transport Squadron; and Personal Interview, Captain James E. Lett, Flight Surgeon, 809th Medical Air Evacuation Transport Squadron.

Ibid., and Squadron History, Month of January 1944, 812th Medical Air Evacuation Transport Squadron. Material not otherwise documented has been obtained from personal interviews with personnel of the 809th and 812th Medical Air Evacuation Transport Squadrons and from the monthly histories of those two organizations.

[REDACTED]

of patients. A short time after the move to Tarawa, an evacuation sub-station was established at Makin and a flight surgeon and two surgical technicians were assigned there to assist the troop carrier squadrons in the transfer of patients to Tarawa. The flight nurses remained at Canton Island and made round-trips, Canton Island to Tarawa and Canton Island to Hickam Field.

With the establishment of the more direct route through Johnston Island, February 27,¹ the Canton evacuation center was closed and the nurses were transferred to Tarawa where they were attached to the naval hospital. An air evacuation ward was established in the Tarawa hospital where the patients were placed as soon as they were designated for transfer by air. The flight nurses who cared for the patients in the ward accompanied them all the way through to Hickam Field. This procedure proved to be highly satisfactory because it gave the flight nurses an opportunity to observe and become acquainted with their patients before departure. Thus they had a greater knowledge of what care would be required in flight.

On April 1 another sub-station was established at Eniwetok and

¹
Permanent Operations Records, Station #12, Pacific Wing, ATC, Hickam Field, T. H.

²
Personal Interview, First Lieutenant Frances (WMI) Morgan, Chief Flight Nurse, 300th Medical Air Evacuation Transport Squadron.

21

[REDACTED]

a large proportion of the patients were soon evacuated by troop carrier airplanes from Eniwetok to Kwajalein to Tarawa where they were transferred to the Air Transport Command operated C-54A airplanes. On May 6 the central evacuation center was moved to Kwajalein, and Tarawa was retained only as a sub-station. Because of the unavailability of nurses' quarters at Kwajalein and because the distance was too great for them to make a round-trip from Hickam Field without a stop-over, the flight nurses were taken off the run during the month of May and flight surgeons and surgical technicians were assigned as medical attendants. On June 1 quarters at Kwajalein having been completed, (See Plate III),¹ the flight nurses were again assigned to the evacuation flights.

During the month of June, because of the large number of casualties incurred in the battle for Saipan, more patients were evacuated than during any previous month. In addition, personnel of the two Medical Air Evacuation Transport Squadrons were sent to Australia to assist in the normal evacuation activities of the Air Transport Command from Australia to Hickam Field and from Hickam Field to the continental United States.

Flight nurses were used as medical attendants aboard evacua-

¹
Squadron History, Month of June 1944, 809th Medical Air Evacuation Transport Squadron.

²
See Patients Evacuated By Air, 1944, Exhibit I.

36

[REDACTED]

tion airplanes in preference to flight surgeons or medical technicians whenever it was at all possible. It was observed that the knowledge of their presence in the forward areas was of definite morale value because it conveyed the idea that everything possible was being done to give the combat troops the best possible care. Although the surgical technicians proved themselves capable of caring for patients while in flight, the patients evidenced greater confidence in the knowledge and ability of the flight nurses than in the enlisted men (surgical technicians). The employment of flight nurses rather than flight surgeons was considered a more efficient use of medical personnel both because the medical officers were required for a great many other duties and because large numbers of nurses could be trained and commissioned in far less time than medical officers. The nurses themselves were enthusiastic about flight duty because it was more interesting than routine hospital work and represented greater responsibility. They were more frequently eager than reluctant to be sent to the recently conquered areas where living conditions were primitive.

At the time the two Medical Air Evacuation Transport Squadrons were trained and equipped at Bowman Field it was anticipated that they would be assigned to duty with C-47 aircraft making flights of from

¹
Personal Interview, Major Andrew L. Henderson, MC, Commanding Officer, 302nd Medical Air Evacuation Transport Squadron, and interviews with various flight nurses.

[REDACTED]

three to four hours; but they were assigned to C-54 aircraft which made flights of from eight to fourteen hours. In order to accomplish their mission new procedures had to be developed and changes in equipment had to be made from time to time as experience dictated.

Each evacuation squadron had been equipped with twenty-four standard airplane ambulance chests designed to carry all the medical supplies and equipment necessary for the attendance of patients while in flight. This type of chest was carried on evacuation flights during November and December but it soon became apparent that it was inadequate for the longer flights and larger number of patients involved in the evacuation activities of the C-54 airplanes. To overcome this deficiency, personnel of the two squadrons designed and constructed chests of a different type which proved to be highly satisfactory.

The standard type airplane ambulance chest, resembling a footlocker in appearance, was twenty-seven by thirteen by twenty-two inches and weighed seventy pounds. It contained standard emergency medical dressings, drugs, chemical hot pads, electric heating cup, paper drinking cups, cleansing tissue, urinal, and bed pan.

The new chest, designed by the two Medical Air Evacuation Transport Squadrons for their use on the C-54 airplanes, was constructed of wood and was thirty-six inches high, twenty-seven inches deep and forty

38

[REDACTED]

inches wide. It was high enough so that the top could be used conveniently as a table. Doors were placed on one side and opened out as on a cupboard. Rubber wheels were placed under the two corners of one end to enable the medical attendant to move it about while the airplane was in flight. The weight, including all equipment, was 135 pounds.

The original chest had been extremely awkward to work from because of the interior arrangement and because it was necessary to stoop over or squat down to reach the various items. The new chest had ample drawer space and compartments so arranged that the drugs, instruments, and supplies were readily accessible. The increased size made it possible to carry a larger stock of the standard items included in the original chest. The following additional items were included as standard equipment: (1) blood plasma; (2) an oxygen unit with mask; (3) canteen cups; and (4) drinking tubes. A space was left for emergency supplies and equipment to be included from time to time depending upon the needs of special cases. Physiological solution, albumen units, dextrose normal saline solution, and oxygen, all of which come in large containers and occupy considerable space, are examples of the type of supplies frequently carried in the emergency space.

Although the new type chest proved to be very satisfactory, experience indicated that several modifications would be desirable

[REDACTED]

and a modified chest was constructed and placed in service on May 1. The modified chest was not as deep as the original chest and for this reason was easier to move up and down the aisles of the airplane. A space was provided for the carrying of twenty-four litter straps, twenty-four pillow cases, and twelve sheets. It had been found that in so far as possible all supplies should be carried in the chest because items which were carried loose tended to become lost in the plane until the end of the flight when the patients and cargo were removed. (See Plates IV, V, VI.)

Upon being assigned to duty on the normal evacuation flights of the Pacific Wing from Australia to the continental limits of the United States in June, the evacuation squadrons found that still another type of chest was required. The majority of patients evacuated from Australia were carried on the same plane with the regular passengers and since it was neither practical nor necessary for the medical attendant to take the large chest on this type of trip, a small chest weighing thirty pounds was designed and put into use. The small chest was large enough to accommodate the needs of the few patients normally carried on these flights and light enough to be included with either the patient's or the attendant's sixty-five pounds

1

The newest type chest weighed two hundred and fifty-eight pounds and was thirty-nine inches by thirty-two and three-quarters inches by twenty inches.

48

[REDACTED]

baggage allowance. (See Plates VII, VIII, IX.)

To facilitate the loading and unloading of litter patients collapsable platforms sixty inches by sixty-one inches by forty-seven and one-half inches were constructed. (See Plates X, XI.) The instruction at Bowman Field had concerned the handling of patients on C-47 airplanes and the lifting of patients up to the entrance of the airplane had not presented much of a problem. On the other hand the C-54 type aircraft are much higher from the ground and some means had to be devised whereby the patients could be lifted up to attendants who passed them into the airplane.

The first patients were loaded at Funafuti by backing a truck up to the airplane and lifting the patients from the ground to the truck platform and from there to the airplane. Since this procedure was not satisfactory, the problem was solved by construction of loading platforms. Two of these platforms were placed by the entrance to the airplane. The litter patient was lifted up between the platforms to attendants standing on the platforms who in turn passed the patient into the plane where other attendants received him. Unloading was accomplished by reversing the procedure. (See Plates XII, XIII, XIV, XV.)

Twenty-four litter patients were carried on the C-54A airplanes and twenty-eight litter patients were carried on the C-54B

[REDACTED]

1
airplanes. The litters were arranged in tiers of four litters each on each side of the center aisle of the plane. (See Plate XVI) It was found that the patients needing the least attention should be put on the top and bottom litters and that those requiring the most attention should be placed on the middle litters where they would be more accessible to the attendants. (See Plates XVII, XVIII.) Highly nervous patients travelled better in the forward part of the plane than toward the tail.

A "ditching procedure" was set up for the evacuation of C-54 airplanes carrying litter patients. This procedure was published by the Pacific Wing, and all Air Transport Command personnel and air evacuation medical personnel concerned were thoroughly instructed in the care and handling of sick and wounded in the event of a forced landing at sea.

Blankets, pillows, and pillow slips were added by the two Medical Air Evacuation Transport Squadrons as standard equipment. These items had not been included in the table of equipment because it had not been anticipated that patients would be transported on such long flights

1
Thirty-two litter patients were carried on C-54B airplanes in emergencies as during the evacuation of Saipan casualties.

2
Ditching Procedure for C-54 Medical Air Evacuation Airplanes,
Pacific Wing, Air Transport Command, Exhibit XIV.

-21-
[REDACTED]

42

[REDACTED]

through extremely hot weather. The use of sheets and pillow slips was much more sanitary than the use of blankets which were difficult to clean. Frequently patients wore no clothing while en route because of the type of injury they had received. It was desirable to keep them covered at all times and a blanket was too warm for this purpose while the plane was on the ground at some tropical island. Blankets were too rough to place over men suffering from burns or open wounds. (See Plate XIX).

It was found that the patients rested better during night flights than during daytime flights. They required more attention during the daytime because they usually slept during the night and seldom slept during the daytime. The feeding of patients during the day presented a problem which did not exist at night. During the day patients were served regular meals prepared while the plane was stopped on the ground for refueling, and while in the air hot soups and simple meals were prepared on a hot plate by the flight nurses. In December a galley kit similar to those used by commercial airlines, was added to facilitate the preparation of food.

Of necessity almost every type of patient has been evacuated by air in the Central Pacific Area and it has been demonstrated that almost any type of patient may be transported by air without ill effect. At first it was feared that the transportation of patients over long

[REDACTED]

distances would unduly fatigue them and they would suffer ill effects as a result. On the contrary the knowledge of being taken to a general hospital or to the continental United States by the fastest possible means seemed to have a stimulating effect which overcame any harmful effect of the long trip.¹

Contrary to the opinion held before the operation got under way, it was found that persons suffering from head injuries could be safely and satisfactorily evacuated by air. On the other hand, it was observed that persons with acute abdominal conditions, chest injuries, and respiratory conditions were affected by the changes in atmospheric pressures caused by the changes in altitude. These types of cases were evacuated satisfactorily, however, by making the flight at two to three thousand feet elevation rather than at the usual eight to ten thousand feet elevation.

During this period of almost a year and one-half the experience of the Air Transport Command and the units assisting in the operation demonstrated that air evacuation of sick and wounded from Australia and the islands of the Pacific Ocean was both practical and desirable.

¹
Personal Interviews, Lieutenant Colonel Kermit H. Anderson, ing Flight Surgeon, Pacific Wing, ATC, July 6, 1944; and Major Andrew L. Anderson, South Medical Air Evacuation Transport Squadron, July 30, 1944.

²
Ibid.

6-1

[REDACTED]

The evacuation service was expanded in July, 1944, and there is every indication that an even fuller use will be made of this means of transportation for sick and wounded.

[REDACTED]

-4-

[REDACTED]

45

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Assistant Chief of Staff for Operations

Chief Flight Surgeon

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Major Clyde S. Yarnell, AC, Assistant Chief of Staff for Priorities and Traffic, Pacific Wing, ATC, July, 1944.

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50

[REDACTED]

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[REDACTED]

EXHIBIT I

[REDACTED]

52

JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC.



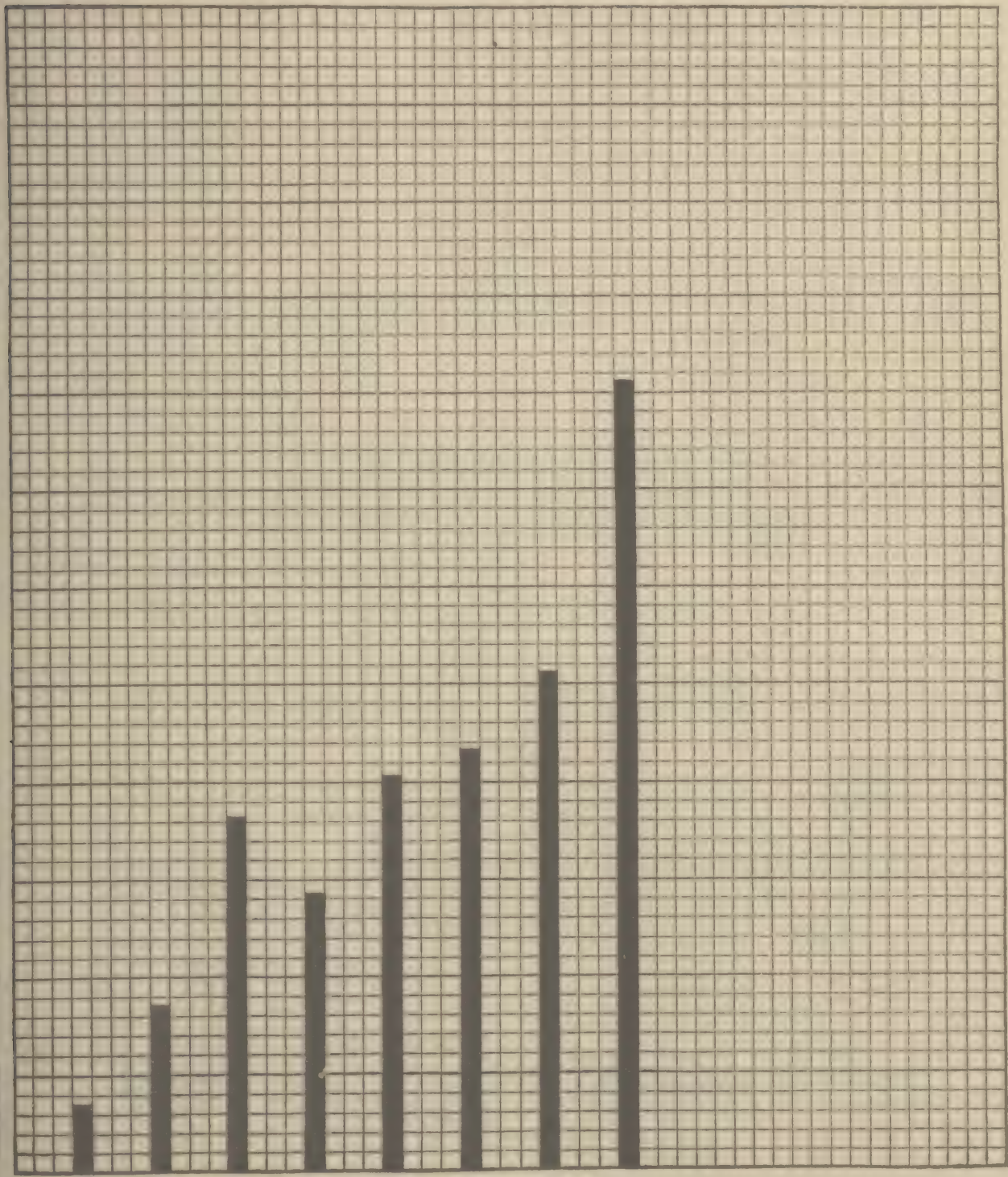
Mar Apr May Jun July Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun

Number of Patients Evacuated Exclusive of C-54 Project



53

JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC.



Nov Dec Jan Feb Mar Apr May June

Number of Patients Evacuated on C-54 Project

25-3

REGULATION)
NO. 25-3)

HEADQUARTERS, PACIFIC WING
AIR TRANSPORT COMMAND
APO 953

1 June 1944

MEDICAL

Air Evacuation

Pertinent directives on this subject are W.D. Circular 316, 1943; AAF Regulation 20-1; ATC Regulation 25-6, and ATC Priorities and Traffic Manual (Chapters 5 & 7).

1. General

The Pacific Wing is responsible for providing air evacuation of patients from each theater served to the continental United States. In addition, the Wing will evacuate patients along Pacific Wing routes within a theater when so requested by the theater, and when space is available. Any other evacuation will be upon agreement with the theater and the Commanding General, Pacific Wing.

2. Medical Air Evacuation Transport Personnel

a. Air evacuation service on Pacific Wing planes will be provided by personnel of Pacific Wing Medical Air Evacuation Transport Squadrons. Medical attendants will be flight surgeons, nurses, and surgical technicians assigned to Pacific Wing evacuation squadrons.

b. In order to accomplish the above, units of air evacuation squadrons will be attached to certain stations of this organization. Other stations having patients to be evacuated by air will request the proper personnel from stations to which air evacuation units are attached. Commanding officers will be kept advised of the station from which they should request such personnel. The request will be made by radio and the commanding officer requesting medical attendants will be notified of the ETA of attendants by the commanding officer providing evacuation personnel.

c. In order to provide relief for attendants, and to effect an organized relay system, personnel attending a patient from any station west of Station #12 will be ordered only as far as Station #12. The commanding officer of the station originating the evacuation will, if the patient's destination is to the continental United States, notify this

Headquarters immediately upon departure of the patient so that proper attendants may be prepared to continue the evacuation at Station #12. The message will include the number and type of attendants required. It will likewise be necessary for commanding officers enroute to notify this Headquarters if the evacuation is discontinued or unduly delayed.

d. Relationship

- (1) Air evacuation personnel attached to a station are responsible to the commanding officer of that station.
- (2) The Senior Flight Surgeon with the unit will make recommendations to the commanding officer and station surgeon on matters pertaining to air evacuation.
- (3) Personnel of air evacuation units may be required to perform other medical duties under the supervision of the ATC station surgeon provided that such duty does not interfere with the primary duty of air evacuation.

3. Selection of Patients

- a. Patients are evacuated upon request of the theater.
- b. Patients will be examined by an ATC Flight Surgeon before they are permitted to embark.
- c. As a result of the above examination, the flight surgeon will make recommendations to the commanding officer upon:
 - (1) The advisability of the patients travelling by air.
 - (2) The classification of the patients, as follows:

Class I	- Mental Cases
Class II	- Hospital litter (bed) patients
Class III	- Hospital ambulatory patients (walking)
Class IV	- Troop class patients - need no medical care enroute.

- (3) The number and type of attendants required.

4. Priority

- a. Paragraph 7c, Chapter V, ATC Priorities and Traffic Manual is quoted:

"c. Sick and Wounded: Sick and wounded, will, in the case of

routine evacuation, be entitled to Class 3 priority but will not supersede any other personnel or material of the same classification at point of origin. Sick and wounded personnel being evacuated by air will move under Class I priority while enroute between transfer points and will not be displaced by any other passengers, cargo or mail. Exceptions to this may be made only at the discretion of the Air Transport Command Station Flight Surgeon. At transfer points enroute, where sick or wounded passengers are removed from the aircraft as a routine matter, it will be considered that such personnel are originating at such stopover or transfer points with respect to their priority classification, when suitable hospital facilities are available. Determination as to whether or not available hospital facilities are suitable, will be made by the Air Transport Command Station Flight Surgeon. If they are determined to be unsuitable, sick and wounded passengers will be moved through transfer points at Class I priority. Medical personnel accompanying the sick and wounded being evacuated by air will move in the same priority classification as that assigned to the sick and wounded. Medical personnel returning to their proper station following the completion of an air evacuation mission will be assigned a Class 2 priority. Medical personnel accompanying sick or wounded, or returning to their proper station following the completion of an air evacuation mission will be permitted in addition to their regular baggage allowance, an excess baggage allowance not to exceed fifty pounds for the transportation of a Chest Airplane Ambulance. Emergency evacuation of sick and wounded, when necessary, (in areas where essential medical treatment is not available for emergency cases or in areas which must be evacuated because of military necessity and the services of the Air Transport Command are required for such evacuation) will be undertaken at the highest priority under the control of the Commanding General of the Theater involved. Normally, aircraft of the Air Transport Command will not be diverted from their regularly established routes to accomplish air evacuation of sick and wounded."

b. When patients are being transported, designation will be made on the passenger manifest of the fact that they are patients. This will be accomplished by placing the word "patient" in parenthesis beside the name.

5. Sending of Messages

Section II of ATC Regulation No. 25-6 is quoted:

"Responsibilities of Commanding Officers, Operations Officers and Pilots.

1. It is the responsibility of Commanding Officers, of Posts, Camps and Stations, whenever and wherever a patient (or patients) is placed aboard an airplane of this Command for evacuation by air to see that a message is sent, by the fastest communication available, to the Commanding Officer (Attention: Surgeon) of the next stopping point, giving:

- a. Expected time of arrival.
- b. Number of patients classified in two groups:
 - (1) Litter cases
 - (2) Ambulatory cases

2. The pilot of each airplane carrying patients will notify the Operations Officer (through the control tower) of each stopping point, thirty minutes (or as near thereto as practicable) before the expected time of arrival, giving total number of patients classified in two groups:

- a. Litter cases
- b. Ambulatory cases

3. It is the responsibility of Commanding Officers at all Posts Camps and Stations to coordinate these messages through responsible officers to insure their immediate receipt by the Senior Air Transport Command Medical Officer on duty or by the Medical Officer designated by the Senior Air Transport Command Medical Officer."

6. Medical Care of Patients Being Evacuated at En Route and Debarking Stations.

Section III of ATC Regulation 25-6 is quoted:

"1. Every airplane transporting patients arriving at any Post, Camp or Station where Air Transport Command medical personnel is available will be met by a medical team composed of at least one officer, Medical Corps, and four (4) enlisted men, Medical Department.

2. The Senior Air Transport Command Medical Officer on duty will:

- a. Make necessary coordinating arrangements through his Commanding Officer with Operations, the Control Tower, etc., to insure immediate receipt of all messages giving expected time of arrival of airplanes transporting patients.

- b. See that the proper officer receives all necessary information for the forwarding of messages described in Section II, Paragraph 1.

c. Supervise unloading of all patients and their baggage as well as the baggage of personnel accompanying patients.

d. Provide necessary and practical medical and surgical care, including feeding, bathing, and hospitalization when required.

e. Relieve medical personnel accompanying patients of all responsibilities relating to the patients while the airplane is on the ground.

f. Assist medical personnel accompanying patients in obtaining proper housing and messing.

g. See that a record of all medical or surgical care administered patients (including bathing and feeding) is furnished medical personnel accompanying patients before departure of the airplane."

7. Medical Supplies for Patients Being Evacuated

Medical equipment will be obtained and records maintained as outlined in ATC Memorandum 25-6.

8. Reports

a. Reports will be rendered by station surgeons as provided for in par. 5, ATC Memorandum 25-6, dated 29 April 1944.

b. The medical attendant will provide the surgeon at the debarking station with the following information:

- (1) Name, rank and organization of the patient(s).
- (2) Station from which the patient(s) started evacuation.
- (3) Approximate mileage flown.
- (4) Flying Time.
- (5) Type (Classification) of patient(s).
- (6) Diagnosis.
- (7) Pertinent remarks.

By command of Brigadier General RYAN:

OFFICIAL:

L. S. Howell
L. S. HOWELL,
Lt. Col., A.G.D.,
Adjutant General

M. S. Lawton
M. S. LAWTON,
Colonel, A.C.,
Chief of Staff.

HEADQUARTERS UNITED STATES ARMY FORCES CENTRAL PACIFIC AREA
OFFICE OF THE COMMANDING GENERAL
APO 953

59

AG 373/670

21 January 1944

SUBJECT: Air Evacuation.

TO: Commanding General, Pacific Wing, Air Transport Command,
APO 953.

1. In radiogram No. 9617, 19 January 1944, the Chief of Staff informed ComCentPac that "Pacific Wing ATC has been directed to make subject airplanes available on request ComCentPac for air evacuation on first priority basis".

2. The airplanes referred to in the above quotation are the five C-54 planes now assigned to the Pacific Wing, ATC.

3. Under the authority quoted in paragraph 1, it is requested that C-54 airplanes be made available for evacuation purposes as follows:

a. Three trips per week from the forward areas, from the present time until 30 January 1944, inclusive.

b. From 31 January 1944 until further notice, all five planes to be held ready for evacuation purposes so as to furnish a minimum of one evacuation trip per day from the forward areas.


4. Details as to exact requirements and schedules will be furnished you by the Commanding General, Seventh Air Force.

5. It is requested that receipt of this communication be acknowledged by teletype.

For the Commanding General:

/s/ H. B. Holmes, Jr.
H. B. HOLMES, JR.,
Brigadier General, GSC,
Chief of Staff.

A TRUE COPY:


J. R. CUNNINGHAM
Capt., A.C.

[REDACTED]

EXHIBIT IV

[REDACTED]

~~CONFIDENTIAL~~
HEADQUARTERS
PACIFIC WING, AIR TRANSPORT COMMAND
ARMY AIR FORCES
APO NO. 953

E-3/ESP/rms/wec

November 15, 1943

SUBJECT: Plan of Operations, Project No. 96355.

TO : Commanding General, 7th Air Force, APO 953.
Commanding Officer, Station #7, PAW, ATC APO 914.
Commanding Officer, Station #12, PAW, ATC, APO 953.
Commanding Officer, Station #17 PAW, ATC, Navy 225.

1. Project No. 96355 has been assigned to the Pacific Wing to be operated for evacuation of 7th Air Force casualties from Stations #7 and #17 to Hickam Field. The operating plan is as follows:

a. Major W. O. Bunge is designated Chief Pilot of Project No. 96355. His duties will include:

- (1) Approving check pilots and assignment of flight crews.
- (2) Scheduling of flight crews.
- (3) Liaison with Station #12 Engineering, Operations and Priorities & Traffic.
- (4) Operational training of flight personnel.

2. Responsibilities of Station #12, PAW, ATC:

a. First and Second Echelon maintenance of project Aircraft.

- (1) Third and Fourth Echelon maintenance will be performed by Hickam Air Depot.

b. Loading of aircraft, weight and balance and preparation of cargo and passenger manifests.

c. Maintenance of Form 41b.

d. Preparation of Operations Orders and CAO's upon notification from Wing Operations.

- (1) Operations Orders will be prepared for outbound trips only.
- ~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

62

- e. Briefing of flight crews.
- f. Transportation of flight crews from quarters to Operations Office on hangar line.
- g. Aircraft position plotting, until such duties are accomplished by OATC.

3. Responsibilities of Station #7, PAW, ATC:

- a. First and Second Echelon maintenance.
- b. Housing and messing of flight crews and medical personnel attached to project.
- c. Off-loading of cargo destined for Station #7.
- d. Weight and balance check.
- e. Preparation of Operations Orders and OAO's.
 - (1) Operations Orders will be accomplished for round trips to Station #17 and for all trips from Station #7 to Station #17.
- f. Briefing of flight crews.
- g. Aircraft position plotting, until flight watch is assumed by station of arrival.
- h. So far as possible, aircraft will be dispatched for Station #12 when fully loaded with casualties.

4. Responsibilities of Station #17, PAW, ATC:

- a. Flights presently are not to be operated into Station #17.
- b. At such time as flights operate into Station #17, the following service will be rendered:
 - (1) Liaison with 7th Air Force Medical Detachment.
 - (2) Arrangements for messing of flight crews.
 - (3) Dispatch of arrival and departure messages through AACS.
 - (4) Weather liaison arrangements for flight crews.
 - (5) Dispatch of project aircraft.

Ltr to CG, 7th AF CO
Stations #7, #12, #17, PAV, ATC
November 15, 1943 - Page 3

CONFIDENTIAL

63

5. Loading and unloading of casualties will be accomplished by 7th Air Force medical personnel.

6. Passenger lists of casualties will be prepared by 7th Air Force Medical Detachment.

7. Medical flight personnel will be carried on the passenger lists prepared by the 7th Air Force Medical Detachment

8. One copy of the passenger list will be furnished to the ATC Wing Surgeon.

9. Project aircraft will be dispatched from Station #12 to Station #7 or #17 upon call from the 7th Air Force A-3 Division to Wing Operations. Wing Operations will notify Station #12 Operations.

10. Wing Priorities & Traffic will notify Station #12 Priorities & Traffic of cargo and passengers to be moved by project air craft.

By Command of Brigadier General RYAN:

/s/ L. S. Howell
/t/ L. S. HOWELL
Lt. Col., A.G.D.
Adjutant General

A TRUE COPY:

JONATHAN R. CUNNINGHAM
Capt, Air Corps
Historical Officer
Pacific Wing.

[REDACTED]

[REDACTED]

[REDACTED]

EXHIBIT V

[REDACTED]

C
O
P
Y

STATION #7 DETACHMENT
APO #240

65
16 February 1944

SUBJECT: Responsibility for Loading Air Evacuation C-54 Airplanes.

TO: Commanding Officer, Station #7, PW-ATC.

1. On 15 February the undersigned officer made a trip to Cora Island to visit the VII Air Force and discuss various matters concerning operation, traffic movement and the issuance of priorities.

2. These matters were discussed and settled temporarily until I would receive definite instructions from Headquarters, Station #1. Specific reference is made to my letters of 2 February concerning rerouting and special missions.

3. A major point brought out by Major Miller of A-4 was the fact that according to Headquarters VII Air Force--th C-54's in question were assigned and controlled by them, and not the ATC. This seems to be the crux of the situation and if settled, would solve all the problems we now have.

4. Before leaving it was agreed that we should continue as heretofore, and work as closely as possible and with as little friction as possible until a more definite control status was defined.

5. This morning I received a telephone call from Major Miller advising he would visit me in the afternoon. He subsequently arrived at 1515 and we entered into discussion.

6. Major Miller then read an order to him, copy of which is attached hereto, and asked if I would abide by such orders.

7. Major Miller was advised by me that it would be impossible for me to obey such orders where they did not parallel those already issued by Headquarters, ATC, and it would be necessary for me to continue as heretofore, unless orders to the contrary were received from Headquarters, ATC.

8. If the order carried by Major Miller was obeyed it would:

- (a) Remove authority for issuance of priorities.
- (b) Secure control of space not used by the Air. Evac. Unit.
- (c) Compel all orders and instructions to emanate from Headquarters, VII Air Force.
- (d) Permit carrying of VII Air Force personnel by using abnormal priorities.
- (e) Split authority over loading and operations.
- (f) Cause confusion and delay because of distances between Ella (Mullinix) and Cora (VII A.F.)

9. Before Major Miller left, it was mutually agreed that we would continue on the current basis, with closer liaisons regarding passenger movement.

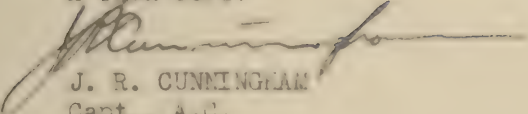
10. Inasmuch as the present volume of evacuees makes it impossible to move passengers it was agreed that I make another (the 3rd) trip to Cora to discuss the matter again with Colonel Carr. This will be done at the first available moment and the results reported.

11. As indicated in Par. 3, the solution to the problem here now lies in the control of the aircraft. It is respectfully submitted that a clarification of the matter be issued.

/s/ N. BRONSTEIN

N. BRONSTEIN
1st Lt., A.C.

A TRUE COPY:


J. R. CUNNINGHAM
Capt., A.C.

[REDACTED]

EXHIBIT VI

[REDACTED]

SECRET

Auth: ComGenCentPac

Init: R.V.IActg G-3

Date: 6 June 1944

Hq USAFICPA, APO 958

FO 207

6 June 1944

1. Following units are atchd to Pac Wg, ATC:

809th A Evac Sq

812th A Evac Sq

(AG 333/270)

RICHARDSON

LT GEN

OFFICIAL:

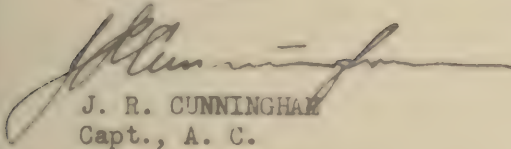
/s/ Hain

HAIN

Actg G-3

DISTRIBUTION: T-a, plus each
named unit

A TRUE COPY:


J. R. CUNNINGHAM
Capt., A. C.

[REDACTED]

RABBIT VII

[REDACTED]

January 4, 1944

Maj. General H. L. George,
Commanding General,
Headquarters, Air Transport Command,
Washington 25, D.C.

Dear Harold:

Attached are statistical records in relation to the C-54A hospital evacuation project and a brief study of these records will indicate that the greatest percentage of time potentially available is spent on the ground awaiting sufficient casualties to evacuate.

Statistics indicate that the average flying time per day per airplane is two hours and forty minutes which includes productive flying, training, ferrying and test flights or on a per month basis indicates a total of eighty hours per airplane per month.

It is my opinion that such an operation constitutes a most serious waste of aircraft so urgently needed in the overall war effort and immediate steps should be taken to utilize these airplanes more efficiently.

The plan of operation given to the 7th Air Force by higher authority placed these C-54A's on call of the 7th Air Force for evacuation missions. Requests were made to utilize these airplanes for ATC cargo operations but in view of the operating directive, the Commanding General of the 7th Air Force preferred to retain complete control to avoid a possible transfer of aircraft to the Navy.

The efficiency of aircraft evacuation in a tactical situation as prevails in the Pacific is questioned. The bulk of casualties occur during attack of an island and during attack no airfield is available until such time as the objective is taken and engineers have accomplished repairs of the landing strip. By this time casualties have been evacuated by water transport or are in no condition for air evacuation.

In the recent tactical activities in this area, the above theory was definitely proved since of all casualties the air project actually evacuated 176 wounded. The center of resistance was captured in less than three days. However, the first C-54A landed on this island exactly four weeks later to off-load medical personnel but not to pick up wounded since all had been evacuated.

[REDACTED]

The pilot or crew situation is one other gross inefficiency. This project reported here with a total of ten complete C-54 crews. The total flying time divided among ten crews gives each crew approximately forty hours per month. This indicates that five crews would have been sufficient to do all necessary flying so five trained C-54 crews have been excess and should be returned to duty where their training can be utilized unless immediate plans are inaugurated to obtain full use of this project.

This report is not presented with any thought of criticism but purely to relate certain facts. It is understood that no one could properly anticipate the operating details of such a project in advance.

In conclusion, it is my belief all five C-54's on this project plus the ten crews should be assigned to the Pacific Wing and placed in scheduled operation with a directive that one airplane be made available to the 7th Air Force for evacuation of casualties upon call and full operation on scheduled routes begin immediately.

Sincerely yours,

. ORD RYAN,
Brigadier General, U.S.A.

Encl.

Rept Hospital Plane Activities,
18 Nov - 31 Dec 1948

A TRUE COPY:

JONATHAN R. CUNNINGHAM,
Captain, Air Corps,
Historical Officer,
Pacific Division.

[REDACTED]

HOSPITAL PLANE ACTIVITIES
13 November-31 December 1943

Plane	Total Flying Hours	Productive Flying Hours	Training & Test Flight Hours	Cargo	Mail	Total Evacuees	Total Passengers	Total Passengers All Types
#165	127:20	105:15	22:05	41009	11.97	167	123	290
#167	206:03	180:48	25:15	33945	4394	50	511	561
#236	86:29	67:59	18:30	45627	2120	62	47	109
#316	145:53	121:53	24:00	31160	5134	69	326	395
	77:22	61:02	16:20	6783	6447	96	61	157

Total cargo, mail, evacuees, and passengers are calculated on a station to station basis.

Total Evacuees actually brought into Hickam Field are as follows:

Plane	No. Evacuees
#165	67
#167	*43
#236	24
#315	36
#316	**72

*Includes 28 Patients for ATC from Penrhyn

**Includes 28 Patients for ATC from Penrhyn

A TRUE COPY:

Jonathan R. Cunningham
JONATHAN R. CUNNINGHAM
Captain, Air Corps
Historical Officer
Pacific Wing.

[REDACTED]

CREDIT VIII

[REDACTED]

27 January 1944

Assignment of five C-54 airplanes

AAF, Hq ATC, Wash 27 Jan 44
Procedure Routine

To CG, PW, ATC

1. The following is a paraphrase of message sent to you:

Any and all previous instructions issued to you on the subject of the five C-54 airplanes assigned to your area for evacuation of sick and wounded personnel are hereby cancelled and superseded by the following instructions which will be carried out immediately. These airplanes will be available and on call for the Commanding General, Seventh Air Force for use as follows:

- (1) To meet any theater requirements for evacuation of sick and wounded and
- (2) For transportation of cargo and passengers for the Seventh Air Force.

These airplanes should be used for other transport operations within your area, but must be readily available when called upon to perform items (1) and (2) above. The ATC will provide the maintenance and flying personnel for these airplanes, but while they are being used for movement of cargo and passengers for the Seventh Air Force or for the evacuation of sick and wounded, they will be under the operational control of the Commanding General, Seventh Air Force. If items (1) and (2) above are not enough to provide full and efficient utilization of the aircraft, however, you will use the planes for other transport operations within your area.

It should be remembered that although this Headquarters is desirous of having efficient utilization of these planes at all times, their primary purpose is for the transportation of sick and wounded and of cargo and passengers for the Seventh Air Force, both of which should, at all times, be given first priority.

You will contact the Commanding General, Seventh Air Force and find out just what are his requirements for movement of passengers and cargo over and above that which can be provided by use of the five C-54's. Please inform this Headquarters of the result of this conference and we will do everything possible to give you more airplanes to take care of this need.

COPY

Exhibit

[REDACTED]

EXHIBIT 1A

[REDACTED]

CONFIDENTIAL

E-3

HEADQUARTERS
PACIFIC WING, AIR TRANSPORT COMMAND
ARMY AIR FORCES
APO NO. 953

6 March 1944.

SUBJECT: Hospital Evacuation Project.


TO : Commanding General, 7th Air Force, APO # 953.

1. This Headquarters interprets the instructions contained in radio message ATC 008 from Commanding General, Air Transport Command, dated 4 March 1944, as indicating the following division of responsibilities in relation to the operation of C-54A aircraft on the hospital evacuation project.

a. ATC Responsibilities.

- (1) Pacific Wing will assign an officer to have charge of subject project, and to be responsible for this operation as directed by the Commanding General, 7th Air Force.
- (2) Pacific Wing will provide the five (5) C-54's presently assigned to this project and such other aircraft as may be assigned at a later date.
- (3) Pacific Wing will provide two (2) complete five (5) man crews for each of the above named aircraft.

b. 7th Air Force Responsibilities.

- (1) Complete operational control of the project, directing where, when and by what routes aircraft will operate; also, what they will and will not carry.
 - (2) Scheduling of trips and directing all aircraft movements.
 - (3) Dispatching of aircraft.
 - (4) Preparing Operations Orders as required by 7th Air Force.
- 

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77

Ltr, Hq. Pc Wg, ATC, to CG, 7th AF, dtd 3/6/44, subj: "Hospital Evacuation Project" (cont'd).

- (5) Reporting through 7th Air Force statistical units the movement of passengers, cargo and mail, as directed by Commanding General, 7th Air Force.
- (6) Establishing priority for passengers and cargo.
- (7) Manifesting of passengers and cargo, as required by 7th Air Force.
- (8) Execution of weight and balance forms in conformance with AAF Regulations. The maximum gross weight of C-54A aircraft to be 65,000 lbs.
- (9) Loading and unloading of cargo and passengers.
- (10) Providing facilities for cargo storage, also ramp space, for parking aircraft, and making available personnel for loading and unloading of cargo and passengers.
- (11) Providing personnel and facilities for maintenance and servicing of project aircraft.
- (12) Scheduling of flight crews through ATC officer in charge of project.


3. It is essential that these aircraft be handled similarly to a tactical unit, and operation procedures and efforts to maintain scheduled operations will be subordinated to the primary objective, which is to provide necessary air transport to support 7th Air Force operations.

For the Commanding General:

/s/ M. S. Lawton
/t/ M. S. LAWTON
Colonel, Air Corps,
Chief of Staff.

A TRUE COPY:

JONATHAN R. CUNNINGHAM
Captain, Air Corps
Historical Officer
Pacific Wing



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28

(Basic, Ltr/Hq Pacific Wing, Air Transport Command, 5/6/44, Subj: "Hospital Evacuation Project.")

370.05

1st Ind.

(C-6)

HEADQUARTERS SEVENTH AIR FORCE, APO #953, 4 April 1944.

TO: Commanding General, Pacific Wing, Air Transport Command, APO #953.

1. The responsibilities of the Air Transport Command and the Seventh Air Force as set forth in above reference are agreeable to the Seventh Air Force with the exception of paragraphs 1 b (3), (7), (8), (9), (10), (11) and (12), which should remain the responsibility of the Air Transport Command through their present facilities for such traffic.

2. Seventh Air Force Regulation 55-6, 20 March 1944, established the agencies through which all freight and passenger traffic is handled for the Seventh Air Force and has proved adequate for the present system of handling the project air craft.

For the Commanding General:

/s/ R. J. Erickson
/t/ R. J. ERICKSON
Colonel, A. G. D.
Adjutant General.

2nd Ind.

E-3

Hq. Pacific Wing, Air Transport Command, APO #953, 11 April 1944.

To: Commanding General, Seventh Air Force, APO #953.

1. The Pacific Wing, Air Transport Command, accepts the responsibilities as set forth in paragraph 1 of 1st indorsement to basic letter with one exception, namely, paragraph 1b(2) of basic letter, as follows:

a. It is recommended that the scheduling of trips be made a responsibility of the Pacific Wing, Air Transport Command, all schedules, or revisions to schedules, to be submitted to the Seventh Air Force for approval prior to publication for the following reasons:

(1) to provide adequate layover time at Hickam Field for the proper and efficient maintenance of aircraft.

(2) To obtain the maximum utilization of aircraft over routes prescribed by the Seventh Air Force.

(3) To obtain the maximum utilization of flight crews assigned to the project.

-3-

A TRUE COPY:

JONATHAN R. CUNNINGHAM
Captain, Air Corps
Historical Officer
Pacific Wing

[REDACTED]

CONFIDENTIAL

Basic: Ltr, Hq. Pacific, ATC, 3/6/44, subj: "Hospital Vacuation Project."

79

2nd Ind. to CG, 7th AF, 4/11/44 (cont'd).

2. Hangar facilities and ramp space are presently inadequate at Hickam Field for the efficient operation of this project, and it is requested that the Seventh Air Force make available to the Pacific Wing, Air Transport Command, Hangar No. 5 at Hickam Field, with the ramp space surrounding this hangar, to be utilized as the maintenance base, as well as the loading and unloading ramp, for Air Transport Command operations provided for the Seventh Air Force.

a. It is anticipated that additional aircraft will be utilized in the Central Pacific Area, and it is considered imperative that steps be taken to provide facilities for the efficient operation of this service.

b. Upon assignment of Hangar No. 5, and the parking space adjoining, it is proposed to build up an organization that will maintain and operate the Central Pacific project in order to render the maximum of service.

3. It is understood that the Seventh Air Force will provide assistance to the Air Transport Command at islands, other than the Hawaiian group, having Seventh Air Force installations, as follows:

- a. Housing and messing of ATC personnel.
- b. Maintenance of aircraft.
- c. Loading and unloading of cargo.
- d. Servicing of aircraft.

4. It is requested that your concurrence to the above revisions be indicated by indorsement.

For the Commanding General:

/s/ M.S. Lawton,
/t/ M.S. LAWTON,
Colonel, Air Corps,
Chief of Staff.

A TRUE COPY:

JONATHAN R. CUNNINGHAM
Captain, Air Corps
Historical Officer

[REDACTED]

[REDACTED]

LETTER

[REDACTED]

2nd. Ind.

HQ. PACIFIC WING, AIR TRANSPORT COMMAND, APO # 953 7 June 1944

TO: Commanding Officer, Detachment, Station # 12, PAW, ATC, APO # 241
(THRU: Commanding Officer, Station # 12 PAW, ATC, APO # 953)

1. In conformity with final agreements reached between Commander-in-Chief, Pacific Ocean Area, and Commanding General, Pacific Wing, ATC, on 4 June 1944, the following is plan of air evacuation of casualties from your station during "Forager".

a. During preliminary stage, all air evacuation to Oahu will be from your station. At later date, evacuation center will move forward and ATC will establish a new forward station for that purpose.

b. Five C-54A aircraft of ATC and six PB2Y-3's of Navy will be used for this air evacuation.

c. This Headquarters has been informed that 1,000 casualties will be evacuated by air using the eleven aircraft mentioned in b above. It is expected that there will be approximately 800 casualties ready for evacuation during the first week of the "Forager" project and 200 later, all to be moved by air. All other casualties will be evacuated by surface ships from your station or where gathered.

d. All ATC aircraft will be operated under full operational and administrative control of Pacific Wing, ATC. ComAirForward will notify Pacific Wing, ATC, in advance of aircraft requirements to carry out ATC portion of air evacuation.

e. Pacific Wing, ATC, plans to have three C-54A aircraft available at your station to start air evacuation at time designated by ComAirForward, and will thereafter dispatch aircraft to your station on schedule asked for by ComAirForward, provided aircraft are in commission and available.

f. ATC evacuation aircraft will not proceed to "Forager" until requested by ComAirForward, and then to the newly-established evacuation center.

g. If casualty rate is higher than anticipated and more air evacuation is required, Pacific Wing, ATC, will furnish a few additional C-54A aircraft for this service if requested. These airplanes however, will have to be drawn from Central Pacific general support missions, and concurrence will be necessary from COMGENCENTPAC.

2. It is desired to inform you that Pacific Wing, ATC, will make every effort to keep you current with all information you should have concerning this and other ATC projects contemplated through your station as rapidly as agreements can be reached with authorities concerned. It must be borne in mind, however, that proper channels are through ComForward, ComAirForward, to ComGenPacWing since neither ComForward or ComAirForward have either command jurisdiction or operational control of Pacific Wing activities in the Central Pacific Area. The Pacific Wing is here to support the Central Pacific operations in every way possible, but can give that support only when requests are made by the proper headquarters to ComGenPacWing. In

82

SECRET

this connection, it is suggested that if Hq.ComAirForward or ComForward ask you for any information or request action from you which you do not control, you immediately inform them that a radio to ComGenPacWing will produce proper cooperation and full support if possible.

3. The whole subject of the "Forager" project is one involving many details of concern to the higher echelons of command in the Pacific, including ATC. These details are the subject of intense study and action by these staffs at this time; hence, individual desires or staff recommendations, unless properly coordinated, will not produce desired results. Until final decisions are made, action cannot be taken to inform all echelons of operations.

4. Should you find yourself confronted with a problem you cannot solve and it requires immediate action by this Headquarters, you are authorized to communicate direct, by either radio or letter. It is requested, however, that you keep all forward headquarters with which you are closely connected informed that you do not have authority to make decisions involving headquarters, Pacific Wing, ATC, and that those headquarters should deal direct, or through proper channels, with Headquarters, Pacific Wing, ATC.

Wm. ORD RYAN
Brig. Gen. U.S.A.
Commanding

[REDACTED]

[REDACTED]

RABBIT XI

[REDACTED]

CONFIDENTIAL

HEADQUARTERS PACIFIC WING, AIR TRANSPORT COMMAND Hospital Plane Activities Month of January 1944

	Total	Average Per Plane
Training and Test Flight hours:	12:10	3:03
Productive Flying hours:	397:21	99:20
Total Flying hours:	409:31	102:23 •
Number round trips completed by C-54A-165, 286, and 316, from Hickam-Tarawa and return:	9	3
Number trips Funafuti-Hickam, C-54-165, 286, and 316:	3	1
Number round trips Tontouta-Bora Bora and return C-54A-315:	1	1
Number round trips Tuntouta-Hickam:	1	1
Number evacuees actually brought into Hickam:		
C-54A-165:	92	
286:	57	
316:	111	
315:	23	
Total:	283	71
Total lbs carried on station to station flights:	361,419	90,373
Number flights station to station:	62	15
Average load per flight (excluding 8 flights on which no information is available):	6.693	
Number days did not fly:	20	22
%days did not fly:	72.6%	

Information from Tarawa, Apamama, Baker and Funafuti is meager as station were without ATC personnel. Data obtained verbally from pilots, from 309th Evacuation Sq, manifests and weight and balance books when available. Estimates necessary in many instances.

Hospital Plane Activities (cont)

Date	Load Carried		Patients	Medics	Pass.	Loaded on at Station			Station to Station
	Fay Load					Total	Wt.	Wt.	
	Carried	Time	No.	No.	No.	Weight	Cargo	Mail	Flight
19 Jan	6794	9:15			13	3711	2805	278	Hickam-Canton
19	9221	3:45					2629		Canton-Punafuti
20	5787	3:55							Punafuti-Tarawa
20	7975	5:55	17	3	12	6270	1705		Tarawa-Canton
20	No Information	9:45	2		2	460			Canton-Hickam
22	6015	9:50							
23	6117	5:20			10	2099	3916		Hickam-Canton
23	5723	5:45	24	4	8	1840	361		Canton-Tarawa
23	5723	9:10		3	23	5723			Tarawa-Canton
					3	660			Canton-Hickam
C-54A 315									
1 Jan		4:18							Tortouta-Mandi
1	5534	7:34							Mandi-Aitutaki
1	5534	2:52							Aitutaki-Bora Bora
2	3135	10:13			12	3135			Bora-Bora-Mandi
2	3385	5:51			1	255	435		Mandi-Tortouta
3		3:53							Tortouta-Mandi
4	6197	9:31			19	5972			Mandi-Punafuti
5	6005	10:56	23	2	25*	4783	477	515	Punafuti-Hickam

* Plane Load Computation Records shows only 23 loaded, with 25 shows 25 loaded.

Hospital Plane Activities (con't)

Load Carried Thru			Loaded on at Station							Station to Station	
Date	Carried	Time	No.	No.	No.	No.	Weight	Cargo	Mail	Wt.	Flight
30 Jan	6259	4:55			6	6	1243	3016		9259	Canton-Apatama
30	4021	2:10									Apatama-Tarawa
31	6730	6:00	27	3		30	6730			6780	Tarawa-Canton
31	7913	9:50		2		2	333			333	Canton-Hickam
C-54A 286											
1 Jan	6250	3:55	13	3		21	4955			4955	Funafuti-Canton
1	5950	9:35		2		2	300			300	Canton-Hickam
4	9626	9:00			10	10	2220	7361	45	9626	Hickam-Canton
4	9373	5:50									Canton-Tarawa
4		4:05									Tarawa-Funafuti
5		4:20									Funafuti-Tarawa
6	3680	14:20	11	2		16	3680			3680	Tarawa-Hickam
No information available on this trip											
No information available on this trip											
27	6808	9:12			14	14	2876	3096	336	6808	Hickam-Canton
28	7037	5:20			5	5	940			940	Canton-Apatama
23	4427	3:30									Apatama-Tarawa
23	7870	5:25	23	3	6	32	6670		1200	7870	Tarawa-Canton
29	7119	9:20	2	2		4	330			330	Canton-Hickam
C-54A 316											
7 Jan	4344	3:30	16	4		20	4344			4344	Funafuti-Canton
7	6931	10:20	8	1		9	1950			917	Canton-Hickam
10	8062	9:00			7	7	1362	6300	400	8062	Hickam-Canton
11	9576	3:45			3	3	535	875	185	1645	Canton-Funafuti
11	5960	4:05									Funafuti-Tarawa
12	5930	12:30	22	4		26	5980			5930	Tarawa-Hickam
14	6932	9:00			9	9	2045	4498	389	6932	Hickam-Canton
17		1:55									Canton-Baker
17	6380	10:00	22*	3		25	6380			6380	Baker-Hickam

* Picked up patients offloaded from C-54A 105.

HEADQUARTERS
PACIFIC WING, AIR TRANSPORT COMMAND
Hospital Plane Activities
Month of January 1944

Date	Load Carried	Time	Loaded on at Station					Station to Station
			No.	No.	No.	No.	No.	
	Pay Load		Patients	Belos	Pass.	Total	Weight	Flight
C-54A 105							eight cargo mail	
1 Dec 6170		3:10	17	1	18	4140		Funafuti-Canton
1 Jan 3900		9:15	1	3	4	390	1850	Canton-Hickam
6 Jan 6676		8:10						Hickam-Canton
6 7677		3:40*			6	1130	5546	Canton-Funafuti
9 7590		3:10*	20	3	5	855	6822	Funafuti-Canton
9 8983		5:00			2	7590		Canton-Tarawa
9 5:00		5:00			2	580	464	Tarawa-Canton
11 7130		10:10	2	No information available on this trip	2	440	360	Canton-Hickam
13 7270		9:00			12	2116	4854	Hickam-Canton
14 5554		4:55			4	839	875	Canton-Tarawa
14 6780		5:35	22**	3	25	6380	400	Tarawa-Baker
24 10200		2:00			6	10200	7981	Baker-Canton**
25 9168		5:40			6	1187		Canton-Apamama
26 5232		:40	3	4	12	2200		Apamama-Tarawa
26 1360		5:00	17	1	13	4340		Tarawa-Canton
26 6110		9:40		2	2	520	1250	Canton-Hickam
29 4929		9:10			11	2049	299	Hickam-Canton
29 9002		5:40			3	1612	76	Canton-Tarawa
29 1950***		5:05			2	350	1600	Tarawa-Canton

*Estimated

** Landed & delayed 10 days at Baker, engine trouble. Patients removed by C-54A 316

*** Pilot states that there were 6 patients available, but because not enough for full load and because high priority frt waiting at Canton for Apamama, Makin & Tarawa, plane left on orders 7th AF.

A TRUE COPY:

JONATHAN R. CUNNINGHAM

Captain, Air Corps



4

2

INVEST 211



21. January 1944

SUBJECT: Plan of Operations - Evacuation Service

TO : Commanding Officer, Station #12, PW, ATC, APO 953

1. In conformance with request of the Commanding General, Central Pacific Area and instructions from the Commanding General, Pacific Wing, evacuation service will be furnished to the Central Pacific forces as required utilizing C-54A aircraft assigned to the Pacific Wing.

2. The route over which the evacuation mission will be flown is as follows:

Hickam to Canton
Canton to Apanama
Apanama to Tarawa
Tarawa to Canton
Canton to Hickam

a. Two (2) crews will lay over at Canton and will operate one round trip Canton to Apanama to Tarawa to Canton, then lay over an additional twenty-four (24) hours, and operate next schedule Canton to Hickam. In this manner, all crews will rotate with layover stops both directions at Canton.

b. No C-54A aircraft will be cleared from Tarawa direct to Hickam.

c. Local freight and/or passengers may be carried from Apanama to Tarawa. Evacuees will be loaded at Tarawa for return to Hickam Field via Canton.

d. To provide maximum utilization of five (5) C-54's with the ten (10) crews presently assigned a scheduled one round trip per day will be followed as indicated in the attached supplement.

3. Responsibilities of Station #12, Pacific Wing, Air Transport Command.

a. Ten (10) C-54A flight crews are attached for administration and duty.

b. Station #12 will write operations orders for the flight from Hickam to Canton.

Ltr to CO, Station #7
Subj: Plan of Operations -
Evacuation Service, dtd 21 Jan 44.

~~CONFIDENTIAL~~

c. Operations authorization orders will be prepared for the round trip.

d. The five (5) C-54A airplanes on this operation will be based at Station #12. They will be maintained and dispatched as indicated in the attached schedule.

e. Load southbound aircraft with priority cargo for Apamama or as directed by Wing Priorities & Traffic.

f. Brief flight crews and prepare weight and balance data.

g. Prepare manifest of cargo and passengers.

h. Schedule flight crews.

i. Maintain necessary liaison with the 309th Evacuation Unit of the 7th Air Force.

h. Responsibilities of Station #7, Pacific Wing, Air Transport Command.

a. Maintain housing and messing facilities for two layover crews.

b. Prepare operations orders for the flight Canton to Apamama to Tarawa to Canton; also operations orders Canton to Hickam.

c. Maintain position plot of aircraft operated over the route as scheduled.

d. Brief flight crews and provide weight and balance data as necessary.

e. Coordinate departure and arrival messages from stations involved.

f. Provide through maintenance on the southbound flights and 25 hour check on northbound flights.

g. Prepare manifest of cargo and passengers as necessary.

h. Provide the following personnel as a detachment of Station #7 at Tarawa.

(1) One (1) officer preferably with weight and balance experience.

(2) One (1) enlisted man, (mechanic).

(3) One (1) enlisted man experienced in manifest preparation.

~~CONFIDENTIAL~~

Ltr to CO, Sta #12 & #7,
Subj: Plan of Operations -
Evacuation Service, dtd 21 Jan 44.

~~CONFIDENTIAL~~

5. Responsibilities of Station #7 Detachment, Pacific Wing, Air Transport Command.

a. Maintain liaison with 7th Air Force for coordination of evacuee movements.

b. Prepare departure messages and notify proper agencies of aircraft arrivals.

c. Expedite loading of evacuees.

d. Provide weight and balance data.

e. Prepare manifest of cargo and passengers.

6. This directive will become effective upon notification by radio from this Headquarters and will then supersede all instructions previously issued for the conduct of evacuation missions.

By command of Brigadier General RYAN:

cc: CG, 7th AF
COMCINCPAC
Major Bunge

A TRUE COPY:

JONATHAN R. CUNNINGHAM
Captain, Air Corps
Historical Officer
Pacific Wing.

~~CONFIDENTIAL~~

Schedule No. _____
Effective _____

TRIP SCHEDULES
Pacific Air Transport Command
ROUTE "X"

SOUTH AND EAST BOUND

TRIP 39 (daily)
(read down)

<u>GCT</u>	<u>LOCAL</u>
0250	1720
1250	0150
1350	0250
1900	0700
2100	0900
2130	0930

Lv)	HTC	(Ar
Ar)	CAN	(Lv
Lv)	CAN	(Ar
Ar)	APL	(Lv
Lv)	APA	(Ar
Ar)	TAR	(Lv

NORTH AND EAST BOUND

TRIP 40 (daily)
(read up)

<u>GCT</u>	<u>LOCAL</u>
1945	1015
0945	2245
0545	1845
2400	1200

A TRUE COPY:

JONATHAN R. CUNNINGHAM
Captain, Air Corps
Historical Officer
Pacific Wing

[REDACTED]

EXHIBIT VIII

[REDACTED]

C O P Y

SECRET

C O P Y

A-7/TAN/rmg

25 June 1944

SUBJECT: Special Report on C-54 Aircraft

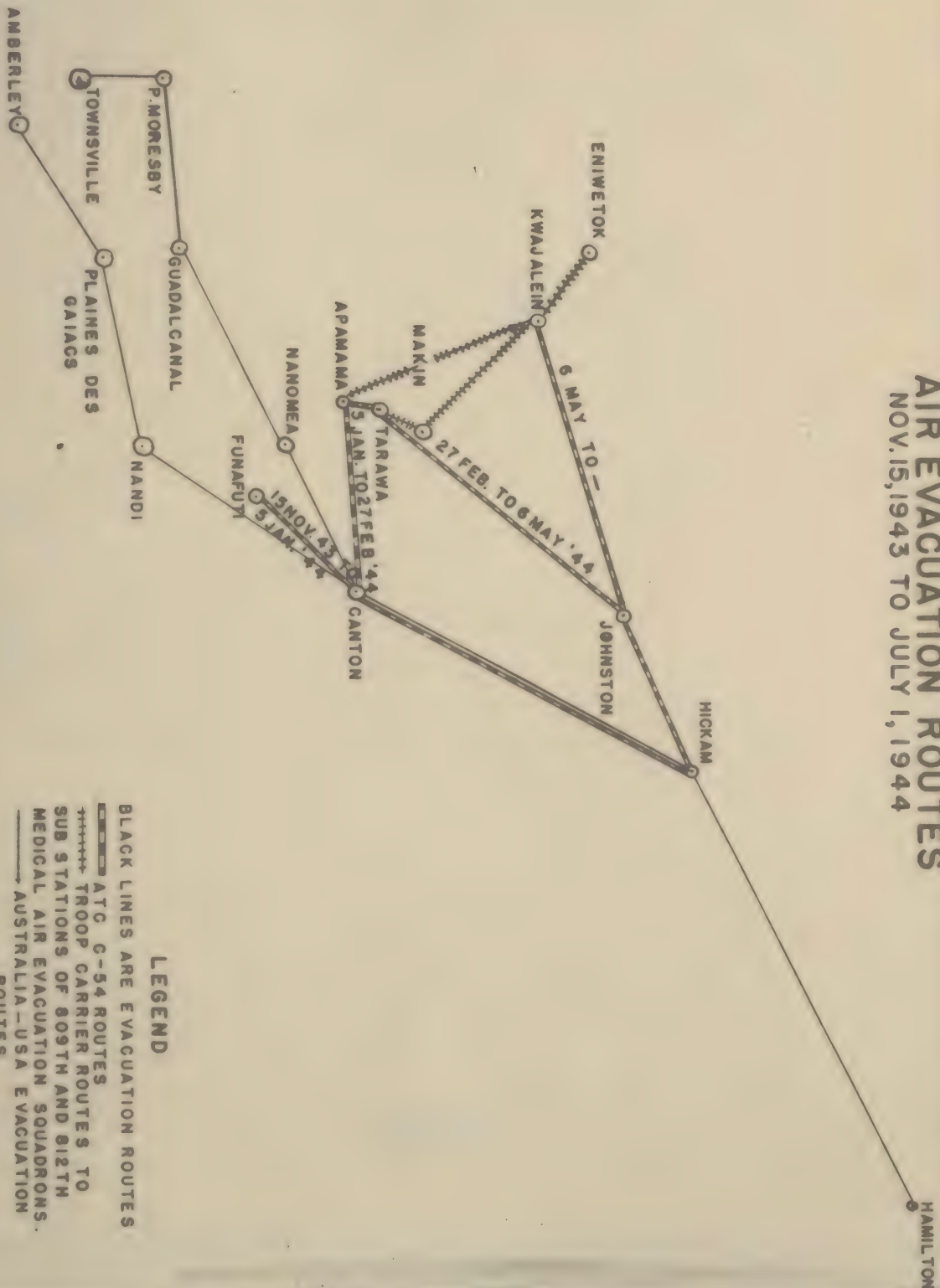
TO : Commanding General, Air Transport Command, AAF, Washington
25, D. C.

Attention: Statistical Control Division

1. Your attention is invited to subject report attached to Aircraft Utilization Report for April 1944, which covers the flying time for C-54 Aircraft assigned to Pacific Wing from November 1943 through March 1944. It is noted that information for the column "Rescue and Special Missions" (a) was taken from radio message PAW 0186 dated 9 May 1944. The data given was that already reported in Form 8A for the months of November 1943 through February 1944, adjusted so as to eliminate flight to Hamilton and return for engine changes, and to adjust the data flight time of 88:00 hours actually occurring in January which was reported on Form 8A in February due to the fact basic data was received too late for the January report. In accordance with letter, Headquarters, Pacific Wing, dated 10 March 1944, subject: Elimination of Reports on Aircraft in Evacuation Service, data on C-54 Aircraft on the air evacuation project was reported only for the period 1 March to 6 March inclusive on Form 8A and 8B which amounted to 85:36 hours on transport missions and 2:41 hours on ferry test, a total of 88:17 hours.

2. Since the total time on Form 8A from November through February already contained as transport time the flying time given in our PAW 0186, the total time should not have been increased except for adjustment of 88:00 hours January transport time reported in February. The time reported on Form 8A for March, however, contained only 85:36 hours of transport time for C-54 aircraft in evacuation service, whereas the total transport time for the month by those planes was 716:35 hours; therefore, the total time reported on Form 8A should be increased by the difference to secure the total time for all C-54 aircraft during March.

AIR EVACUATION ROUTES NOV. 15, 1943 TO JULY 1, 1944



LEGEND

BLACK LINES ARE EVACUATION ROUTES
 ——— ATC C-54 ROUTES
 - - - - - TROOP CARRIER ROUTES TO
 SUB STATIONS OF 809TH AND 812TH
 MEDICAL AIR EVACUATION SQUADRONS
 → AUSTRALIA—USA EVACUATION
 ROUTES.

~~SECRET~~

SUBJECT: Special Report on C-54 Aircraft

3. Our interpretation of radio message ATC 0329 was that flights on "mission and schedule orders of Seventh Air Force" meant all flights on hospital evacuation missions since they are chiefly for Seventh Air Force personnel and since the information was desired for the months of November through March. During that period control of the aircraft was more or less divided between the two organizations.

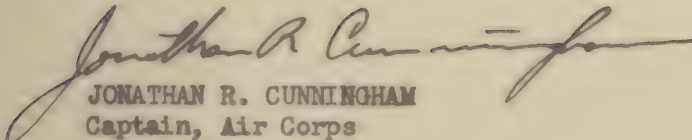
4. Inclosed is a report corrected in accordance with the foregoing.

For the Commanding General:

1 Incl:
Incl 1- Report on C-54
Flying Time

JAMES W. CROWELL
Captain A. C.
Actg Asst Adj Gen.

A TRUE COPY:



JONATHAN R. CUNNINGHAM
Captain, Air Corps
Historical Officer
Pacific Wing

~~SECRET~~

COPY

COPY

U.S. ARMY AIR FORCES
HEADQUARTERS, AIR TRANSPORT COMMAND

AIRCRAFT UTILIZATION REPORT

PART I - PLANE HOURS FLOWN

Operator, Pacific Wing Month; Nov. 1943 through March 1944

SPECIAL REPORT ON C-54 AIRCRAFT

Month	Model	Average Planes Assigned	Total Hours Flown	Average Daily Hours		Transport	Distribution of Plane Hours				
				Per Assigned Plane Day	Per Plane Day in Service		Training & Pilot Check	Rescue & Special (a)	Staff Missions	Ferry, Test and Other	
November	C-54	2.7	240:50	5:00	6:58	55:15	-	-	163:40	-	77:10
December	"	5.	424:16	5:07	7:29	24:40	28:45	-	368:36	-	2:15
January	"	5.	453:51	4:53	10:22	60:53	-	-	385:48	3:45	8:25
February	"	5.48	539:29	6:58	13:31	29:32	-	-	472:17	23:35	9:05
March	"	7.	1,006:43	5:02	7:29	91:18	-	-	716:35	69:20	129:29

Corrected data sheet for aircraft out of service not issued.
Percentage out of service was as follows:
November 28% of assigned plane days.

December 32%
January 53%
February 48%
March 32%

NOTE: See Ltr Hq PW-ATC, Subject:
Special Report on C-54 Aircraft,
Dtd 25 June 1944 for corrections

Source: FORM ATC-SC-8A - Assigned Aircraft Data - prepared by operator
Represents weighted average for month based on plane days assigned

REMARKS: (a) This column contains hours flown in hospital equipped aircraft under operational orders of 7th AF as reported by wire 10 May 44.
Miles flown on such missions were as follows: November 31,824 miles, December 72,286 miles, January 76,609 miles, February 95,850 miles,
March 143,238 miles. Effective with April 1944 these missions will be reported as part of regular transport operations.

A TRUE COPY: *[Signature]*
PREPARED BY: 16th STATISTICAL CONTROL UNIT
CL-5048, AF

98

HEADQUARTERS
PACIFIC DIVISION, AIR TRANSPORT COMMAND A-7
ARMY AIR FORCES
APO No. 953

26 July 1944

AIRCRAFT UTILIZATION REPORT
PART I - PLANE HOURS FLOWN

Operator, Pacific Division

SPECIAL REPORT ON C-54 AIRCRAFT

Month; April 1944 through June 1944

MONTH	Average Planes Assigned	Hours Flown	Average Daily Hours		Transport	Training	Distribution of Plane Hours		
			Per Assigned Plane Day	Per Plane Day in Service			Rescue & Special Missions	Staff Missions	Ferry, Test and Other
Apr GHQ	2	117:14	1:57	5:52	117:14				
Hosp	5	568:43	3:47	11:09	482:18 *		32:30	35:50	18:05
May GHQ	2	353:40	5:47	10:33	332:45	9:40		5:30	7:35
Hosp	5	691:00	4:27	9:05	667:05 *	3:35		11:05	9:15
June GHQ	2	126:30	2:06	3:50	126:30				
Hosp	6:4	956:43	4:57	8:28	925:48 *	11:15			19:40

Source: FORM ATC-SC-84 - Assigned Aircraft Data - prepared by operator
Represents weighted average for month based on plane days assigned.

* Transport Hours Flown in Hospital Evacuation Service

PREPARED BY: Statistical Control Section

[REDACTED]

EXHIBIT XIV

[REDACTED]

PROJECT 100
OFFICE OF THE CHIEF PILOT

17 December 1949.

SUBJECT: Ditching Procedure for C-54 Medical Air Evacuation
Airplanes.

SIGNALS

1. PREPARE FOR DITCHING. If time permits, the co-pilot will go to the rear and quietly notify the medical attendant, in charge, that the airplane will be ditched and of the estimated time.

When time is too limited for personal notification, the pilot will sound a series of alarms by means of the plane's alarm bell.

2. BRACE FOR DITCHING. (one ring of alarm bell). At this signal each individual will brace, with back to a flat wall or similar object, until the plane has definitely come to rest. Hands should be grasped behind the neck.

PILOT'S DUTY

1. Advises crew of estimated time of ditching. When time is limited, he warns medical attendant with series of short rings on alarm bell.

2. Checks life preserver, loosens collar and tie.

3. Warns BRACE FOR DITCHING when 1000ft. above the water (with one ring of alarm bell.)

4. Flies airplane, striving for as normal a belly landing as possible, and to maintain control until after final impact----- holds position until after airplane comes to rest. Destroys IFF.

5. Helps lift raft thru astro-dome, then goes back thru fuselage fuel compartment into passenger cabin to supervise all evacuating operations in the cabin, checking to see that necessary provisions are not forgotten. He closes all doors on way back. When all rafts and passengers are clear of the plane, he steps out into water, boards a raft and assumes command of the life raft fleet.

DUTIES OF CO-PILOT

1. If time permits, he goes to the rear and advises the chief medical attendant of decision to ditch and of the estimated ditching time.

2. If PREPARE FOR DITCHING signal is given by way of the alarm bells, he holds position, checks life preserver, and loosens collar and tie.

3. Assists pilot.
4. Braces for ditching. ~~with~~ Position until after final impact *is in crew compartment - not in co-pilot seat.*
5. Assists radio operator thru astro-dome and lifts raft thru astro-dome with pilots help.
6. Hands provisions and radio to radio operator.
7. Climbs thru astro-dome, boards raft with radio operator, retrieves radio equipment and provisions and paddles around to rear to help round up life rafts, and to assist patients to climb aboard life rafts.

DUTIES OF NAVIGATOR

1. a. Relays estimated ditching position to radio operator.
b. Secures navigators seat to floor, fully extended, draws curtains and lights forward emergency lite.
2. Stows essential navigational equipment in bag and takes it with him.
3. Checks life preserver, proceeds to cabin and removes emergency exits, where possible.
4. Opens front half of the rear cargo door.
5. Takes up ditching position behind life rafts near door until after final impact.
6. Jettisons entire cargo door.
7. Supervises launching of rafts and emergency equipment, holding of painters etc.; Coordinating launching with the evacuation of wounded from plane into water.
8. Steps out into water and boards raft after all passengers have been assisted out of plane into water.

DUTIES OF RADIO OPERATOR

1. a. Sends initial distress signal on group frequency on pilots order to HEE-LE FOR DITCHING.
b. Puts IFF to "DISTRESS".
c. Transmits estimated position of ditching as received from navigator.
2. Checks life preserver, and loosens collar and tie.
3. Locks key down and folds desk forward.
4. Holds position until after final impact and airplane comes to rest.
5. Throws ditching rope out thru astro-dome opening and climbs out himself. Inflates life preserver.
6. Receives radio and emergency provisions; also receives raft and inflates it.
7. Holds on to painter until co-pilot arrives.
8. Boards raft after co-pilot.

DUTIES OF FLIGHT ENGINEER

1. a. Checks cockpit windows, making sure they are closed and locked.
b. Checks life preserver.

152
DUTIES OF FLIGHT ENGINEER (continued)

2. Removes astro-dome (with axe if necessary).
3. a. Brings raft forward if time permits.
b. Brings radio and emergency provisions forward if time permits.
4. If time permits, goes to rear to offer aid to the medical attendants.
5. Braces for ditching in crews bed. Holds position until after plane comes to rest after final impact.
6. Proceeds to rear to help navigator launch life rafts and emergency equipment.
7. Boards last raft with navigator and pilot.

MEDICAL ATTENDANTS

On the command "Prepare for Ditching", the medical attendants will secure a life vest on every patient, tighten the litter safety straps, inspect and tighten nuts on litter holding bars, cut down slings, etc. In the event any litter set-ups do not have another set-up in front of them to the bulkhead, a minimum of two (2) litters will be opened and secured in the blank space. The medical attendants will don their own life vests, pistol belts, medical officer's kit and canteen. The medical attendants will open the forward half of rear cabin door if the navigator has not already done so. He will then throw out all non-essential equipment that is loose. This includes the chest, air ambulance, empty thermos, luggage, rifles, freight, spare parts, etc. Only then will he assist the nurse(s). Extra blankets and blanket sets will not be jettisoned.

At the command "Brace for Ditching", water contact is eminent, and the medical crew must cease all work on patients and make preparations for their own security. Two move forward to the bulkhead, bringing blankets and blanket sets, the others take position behind the life rafts, backs to the rafts facing the rear. The door to the gasoline compartment is opened slightly and a folded blanket is inserted in the crack to prevent jamming of the door. Blanket sets and blankets are placed against the door and bulkhead. The crew then sets on the floor, back to the padded bulkhead, placing thick padding of blankets between the head and the bulkhead. No one is to move from position until a few seconds after the second impact. Then the senior medical attendant will supervise the evacuating of the wounded into the water. The Nurses will remove litter securing straps, loosen fittings on litters of patients unable to move out. Ambulatory cases unable to assist in helping remove more seriously wounded will move to the rear, enter water, inflate vests, and enter rafts. The flight crew will enter the plane and assist in removal of other cases. At all times the medical crew is under the command of the senior officer of the flight crew available, who, with the technical advice of the senior medical crew member, may modify this procedure to fit any existing requirement.

W. O. DUNCE,
Major, Air Corps,
Chief Pilot.

ILLUSTRATIONS

Plates I- XIX



PLATE I.



PLATE II

HELLS ANGELS





953AB-24 JUL 44-143 - MEDICAL CABINET

32 3/4" HIGH

20" DEEP

39" WIDE

953AB-24 JUL 44-146-MEDICAL CABINET



109

953AB-24JUL 44-148-MEDICAL CABINET





953AB-24JUL 44-144-MEDICAL CABINET

PLATE VII

95348-29 JUL 44-147-MEDICAL CABINET





953AB-24JUL44-149-MEDICAL CABINET



953AB-24JUL44-155-UNLOADING PLATFORMS

60" HIGH
61" LONG
47½" WIDE
953AB-24JUL44-145 UNLOADING PLATFORM

STEP ONE

953AB-24JUL 44-150- UNLOADING PROCEDURE



STEP TWO

953AB-24 JUL 44-151 - UNLOADING PROCEDURE



STEP
THREE

953AB-24 JUL 44-152-UNLOADING PROCEDURE

STEP FOUR

953AB-24 JUL 44-153-UNLOADING PROCEDURE





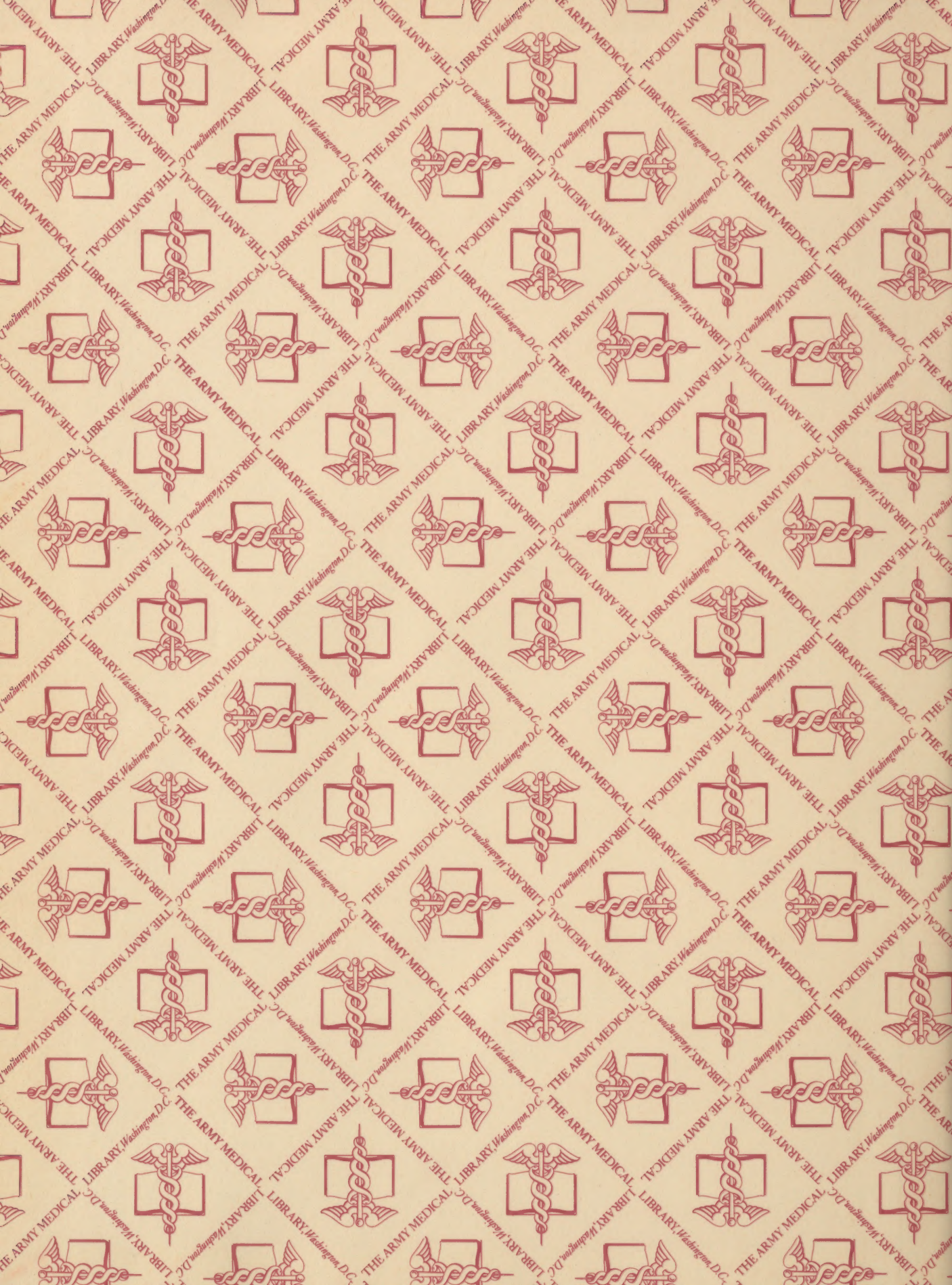
PLATE XVI



PLATE XVII









AUG 20 1954

UH 500 qU57a 1944

122

14310280R



NLM 05100734 6

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